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ABSTRACT

The final report describes the Cantalician Center for Learning's Family/Infant Program, a 3 year demonstration project to enhance the growth and well being of developmentally disabled and at risk infants by helping family members become more effective caregivers and teachers. The first section covers the target population, provides a brief history, and outlines a statement of philosophy. The second section reviews the program and a variety of program outcomes and products. Separate subsections address the Center Program, Satellite Centers, and the Specialized Family Program. Noted among the program products are a family orientation notebook, a family oriented curriculum, and family program activites. A final section discusses procedures and contains tables and forms on collecting data relating to changes in program participants. Documents from all program areas are appended. Included are brochures, papers, policy and procedure statements, forms, evaluation materials, examples of various curricula, and dissemination products. The bulk of the document consists of evaluation forms such as the Family/Infant Program Developmental Checklist which assesses gross motor, fine motor, cognitive, language, and social/emotional skills. (SB)

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CANTALICIAN CENTER FOR LEARNING
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BUFFALO, NEW YORK 14214

# FAMILY TRAINING PROGRAM FOR ATYPICAL INFANTS AND CHILDREN

## The Third Year Report
G007701809

Submitted to:

Handicapped Children's Early Education Program
Office of Special Education
Department of Education
Washington, D.C. 20202

March 18, 1981

EC140078

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# INTRODUCTION

In 1977 the U.S. Office of Education, Handicapped Children Early Education Program (HCEEP) supported the Cantalician Center for Learning's application for a three year demonstration grant to develop an education model for families and their at-risk or developmentally delayed infants. We called it the Family/Infant Program and focused on enhancing the growth and well-being of handicapped and at-risk infants by helping family members become more effective caregivers and teachers of their infant. Our efforts have met with success, and today the program continues with support from state and county funds.

The three years of program development were at once eye-opening and challenging, frustrating and rewarding. We have exceeded our original objectives yet the processes required to accomplish that seldom were easy and all too often made us painfully aware of unanticipated and overlooked programming needs. So we spent considerable time reorganizing and improving most aspects of our program. Today we feel very good about the Family/Infant Program's development and more than ever subscribe to our original belief that a family centered approach will enhance educational intervention with handicapped and at-risk infants.

This is the project's final report. The first section describes the target population, provides a brief history, and outlines a statement of philosophy. Its purpose is to provide perspective. The second section describes the program and a variety of program outcomes and products. The final section presents data that document program efforts and describe change in program participants. Documents and materials from all program areas are appended. Included are brochures, papers, policy and procedure statements, forms, evaluation materials, examples of various curricula, and dissemination products. Most are in their final form but a few are still being revised. The program is ongoing.

# SECTION I

Perspective

- Target Population
- History
- Philosophy

# PERSPECTIVE

## Target Population

The Family/Infant Program serves both infants and their families. To be eligible infants must exhibit developmental problems, developmental delay, or be considered at risk for developmental delay. While this is a very broad criteria that results in a varied population, in practice a large majority of the children have been identified as mentally retarded or multiply handicapped. We define "family" as any individual who is a significant part of the child's social environment and is in a position to be a natural educator of the child. Mother and father, brothers and sisters are all included and so too are grandparents, other relatives, babysitters, neighbors and family friends.

Enrollment requirements serve to further delineate our population. The family must indicate a desire to raise their infant at home and express willingness to participate in planned program activities.

The infant must be less than 30 months old at enrollment and exhibit developmental problems, developmental delay or be considered at risk for developmental delay.

In addition, a physician must have consulted with the family about the child, a medical diagnostic report must accompany the application, and a standardized infant assessment instrument must be administered to the child at the Center or elsewhere.

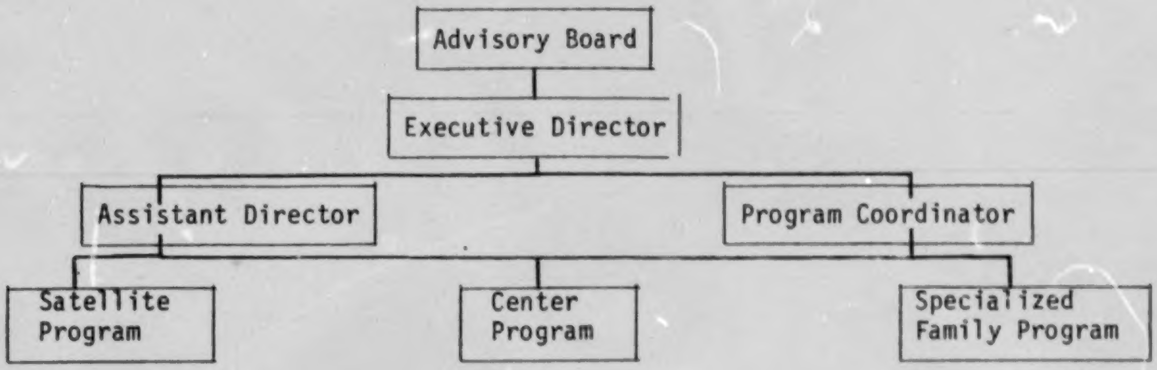
## History

Family involvement, cooperative programming,and carry-over to the home have been important elements of programming at the Cantalician Center for Learning since its founding some twenty-five years ago. Over the years, of course, such efforts took many forms. At first working with families consisted of scheduled parent-teacher conferences where if parents asked for advice about at-home problems, teachers would make suggestions or refer the family to an administrator or the psychologist. Mostly, however, parents listened and teachers focused on the child's performance at school. In time such conferences were supplemented by large group meetings where a professional would talk with family members about problems that were shared by many. Legal problems, medical problems, discipline, eating, and toileting were among the many things that were discussed.

But parents kept telling the stafff they needed more than this. They needed help with all kinds of specific problems, and they needed it earlier and outside the traditional school-age, school-day model. In 1971 the Center responded with its Community Teacher Program which was designed to foster greater home-school cooperation and to help

FIGURE 1

CANTALICIAN CENTER FOR LEARNING
EARLY EDUCATION TEAM


Advisory Board
Executive Director
Assistant Director
Program Coordinator
Satellite Program
Center Program
Specialized Family Program

- *Holy Angels
- *Jesse Nash Health Center
- *Lackawanna Health Center
- *University of Buffalo Early Childhood Center
- *West Side Health Center

- *Family/Infant Program
- *Nonambulatory Class (1)
- *Toddler Classrooms (2)
- *Preschool classes (4)**
- *Guest Nursery
- *Community Teacher

**A pre-school class for children who exhibit autistic-like behaviors is coordinated with this team, but belongs to the autistic team.

NOTE: While the Family/Infant Program encompasses the Family/Infant Program, the Nonambulatory Class, and the Toddler Classrooms, we typically refer to them as separate units to emphasize the different populations they serve.

parents who wanted to become more effective at-home teachers of their school age children. The Community Teacher Program was designed to be a highly formalized, primarily at-home teaching program that relied heavily on the work of Patterson (1968) and Becker (1971). With only minor modifications that program exists today.

The initial response to the need for earlier programming took place in 1972 with the establishment of preschool classes which, incidentally, were major users of the Community Teacher Program described above. In 1976 an infant program was instituted. In 1977 we formalized that effort, called it the Family/Infant Program, and received support under the Handicapped Children Early Education Program (HCEEP). The HCEEP involvement and the generally increasing support for early intervention efforts have resulted in a much larger, diversified program that we call the Early Education Team.

Today, the Early Education Team consists of three preschool classes serving 30 children, two toddler classes serving 20 children, a non-ambulatory class, and the Family-Infant Program which serves 60+ families. This core is supplemented by Community Satellite Centers that serve about one hundred and forty families who do not need or want the Center based program and by the Specialized Family Program that works with fifteen families headed by parents who have a history of developmental disabilities and who require a broad base of intensive educational services. In addition, the Center has a preschool class for children who exhibit autistic-like behaviors that is affiliated with the Autistic Team rather than the Early Education Team.

Today, the Family/Infant Program operates as a sub-unit of the Cantalician Center's early education team which is outlined in Figure 1. Its services are both integrated and coordinated with the larger team and with the many other services provided by the Center. The Family/Infant Program, for example, shares physical space and the services of language and physical therapists with other early childhood programs, and its immediate supervisor, the school program's coordinator, is operationally responsible for all school programs.

Formally, however, the Family/Infant Program has three interacting, yet distinct, elements called the Center Program, the Satellite Program, and the Specialized Family Program (see Figure 2). The three elements are built upon the same philosophical base but have been differentiated in order to be more responsive to the needs of different populations. The Center Program provides intense programming for family members and handicapped infants from birth through 36 months. The Satellite Centers provide infant screening services and less intense educational programming for families unable or unwilling to participate in the Center Program. The specialized family component provides for families where the infants' parents have known histories of developmental disabilities. Each of these units is described further in Section II.

## FIGURE 2

## CANTALICIAN CENTER FOR LEARNING

## FAMILY/INFANT PROGRAM

Advisory Board

Executive Director

School Program Coordinator

| Satellite Centers | Center Program | Specialized Family Program |
|---|---|---|
| *Jesse Nash Health Center<br>*Lackawanna Health Center<br>*University of Buffalo Early Childhood Center<br>*West Side Health Center | *Infant<br>*Non-ambulatory<br>*Toddler<br>*Guest Nursery | |

## Philosophy

Basic Tenets - At its heart this program is founded on a belief in family-infant education. We are certain that infants respond readily to teaching, and we believe that teaching children early both enhances emerging abilities and strengthens their foundation for later development. In addition, we know that child rearing practices are learned, that some practices are more effective than others, and that many families are seeking ways to be more effective caregivers and teachers of their children.

Two additional tenets and what we consider to be several desirable characteristics have influenced the development of the Family/Infant Model. The two tenets are:

1. While young handicapped children and the families of young handicapped children have a variety of complex needs, both have a fundamental need to learn - to acquire knowledge and to refine a whole range of behaviors. We intend to respond to this need and so have developed an educational model - in contrast, for example, to a medical or a therapeutic model. Thus we will be concerned with learning and teaching. We will focus on educational matters, view the world through an educator's eyes, and be guided in our decisions by an educational viewpoint. Where this is inadequate or inappropriate we will seek help from others.

2. While the family has primary responsibility for its children's learning, well-being and growth, today all too often many families of young children delegate that responsibility to outside agencies and all too often outside agencies accept, even encourage, such delegations. We will not do that. Instead we will will support, enrich, and extend the family's efforts to fulfill its responsibility as best it can. In the Family/Infant Program this will mean working with the child through and in cooperation with the family. It means that the family's condition, style, and needs must be a central element to all programs. It means acting with restraint since the family will always be the dominant member of the partnership.

Desirable Characteristics - Within the model, individualized programs are designed both for children and for family members, and while no two programs are ever identical, we try to build certain desirable characteristics into all programs. We think all programs, be they for children or for family members, should be focused, basic, concrete, sequenced, positive, consistent, and flexible. What we mean by each of these terms is explained below.

Focused. While people need to learn many, many things, programs cannot help them learn all things at the same time. Instead, for each participant we focus on a small number of learning goals which have the highest priority.

Basic. To help us set priorities, we focus on basic behaviors which means beginning with the first steps and proceeding from the simple to the complex. We are most concerned with developmental areas where growth is most discrepant from normal. Furthermore, since we see strong bonds between the infant and family members as a basic requisite for long term growth, efforts to enhance family-infant bonding premeate the curriculum.

Concrete. Being concrete, explicit, and specific makes it possible to be clearer about what we are trying to do. Thus we are better able to plan and to monitor progress, to decide about success, and to communicate with each other. While we are comfortable with general long term goals like "being independent," the day-to-day tasks on which we work must be concrete, observable behaviors like, "grasps a spoon," "attends," "says ma-ma."

Sequenced. There is order in learning. Long term growth is planned by starting where an individual is and from that point following a sequence of small tasks that leads to the long term goal. Learning tasks then are not isolated events; they are part of a continuum which depends on earlier learning and contributes to future progress.

Positive. While paramount concern is with developmental discrepancies and ameliorating or preventing handicapping conditions, participants are viewed in terms of what they can do. Being positive also means using positive instructional methods and avoiding aversive programming. Children and family members work at tasks and levels where success occurs and rewards and positive feedback are abundant. When success does not occur as planned, the explanation for that is not attributed to deficiencies in the learner. Instead we examine what we have done. Our objective, for example, may have been inappropriate, our plans not the best, or our carry-through deficient.

Consistent. The staff, family members, and all others who work with the child should know what is being worked on and how programming is to be carried out. Consistency in programming over time, place, and people is a goal toward which we strive.

Flexible. Choice is important if the program is to be responsive to individuals and so a variety of options is available to children and families. There are formal teaching sessions, demonstrations, observations, meetings, conferences, self-study, practice sessions, informal gatherings and social events. Participating families do a great deal on their own; many help each other, and some rely greatly on us. The children also have a variety of options that are planned cooperatively following assessment.

## CENTER PROGRAM

### Structure

The Center program has four units: the Infant, Non-Ambulatory, and Toddler Programs plus the Guest Nursery. Participants in the program belong to one of the first three programs and may, over their stay with us, belong to all three. The Guest Nursery serves all elements of the program. In addition, psychological, physical therapy, occupational therapy, language therapy, and audiological services are provided. A community coordinator acts as liaison with the community and has particular responsibility for helping families move into and out of the program.

The Infant Program serves handicapped and at-risk children from birth to 36 months. It is the program's entry point and families stay enrolled for as long as they need and wish to have intense services. Children and family members attend from three to five days per week.

The Non-Ambulatory Program is for children from 18 months to 5 years of age who experience considerable difficulty with independent movement. Family members whose children enter the program may receive intense services should they need and want such programming but most of them attend weekly or bi-weekly plus participate in a variety of special programs. Children attend five days per week.

The Toddler Program serves children from 18 to 36 months who demonstrate independent ambulatory skills. They attend daily. Most of their families have already passed through an intensive programming phase and are in either maintenance or followup status. Family members, therefore, attend much less frequently than do families in the infant program.

### Staff Organization

The Center staff is organized by team and level. Teams are composed of at least one teacher, a teacher assistant and a parent staff member. Families are assigned to teams and depending on the schedule and programming it is expected that team members are sufficiently familiar with their assigned families to be interchangeable for at least short periods. Formally, teachers head each team and are responsible for program planning, implementation, and change. Assistants do a lot of the data gathering, demonstrating, and material preparation. Parent staff do much the same with particular responsibility for affective support and coping.

In practice, team roles break down. For example, a stranger viewing the program would often find it difficult to identify who are the teachers and who are the assistants. Joint responsibility and interchangeable staff programming also tends to be more a paper definition than reality. Individual staff members and families pair off and establish a continuing relationship. This is much more characteristic of actual programming than is exchange.

The staff is organized in four levels. The first level is composed of teachers, teacher assistants, and the parent staff who provide the bulk of direct services to families and children. Their job descriptions are appended. The teaching staff is backed by a support staff that includes language specialists, occupational and physical therapists, a psychologist, an audiologist and the whole range of other supports available in most schools. These personnel may deliver direct services to children and their families or they may consult with teachers. The third staff level is made up of administrative, supervisory people who help things run smoothly, see that the program is on task, and coordinate efforts within the team, between the team and the rest of the school, and between the team and services outside the school. The fourth level consists of consultants who are brought in as needed. They provide perspective, link the program to new ideas, and help solve particularly perplexing problems. Included among the consultants have been curriculum specialists, behaviorists, early childhood educators, special educators, clinical psychologists, and medical doctors.

## Curriculum

There is no pre-school curriculum that covers the wide variety of needs that characterize families and children. Our strategy, therefore, has been to accumulate commercially available programs and materials, to organize these materials so that they are accessible in some reasonably efficient way and then to use them as published or modified in whatever way we see fit. The result is a file of some 800 dog-eared cards, clippings, and other materials that lack formality and originality but is very serviceable and surprisingly efficient. Examples can be found in the appendix.

A curriculum is more than a series of learning activities. Equally important are the planning procedures that lead to selecting learning activities, the manner in which learning is conducted, and the things that are done to support decision making about progress and program change. Each of these undertakings is described elsewhere in this report. See the appendix for IEP and objectives selection materials. Previous introductory materials describes valued characteristics, and later in the data section there is a discussion of our monitoring procedures.

## Family Education and Training

Learning by doing is the central approach to skill training with family members. Skills to be learned are first modeled by teachers then family members practice the skills while teaching their infant in the classroom under supervision by program staff. Finally, family members help each other and act on their own. As the families become more confident and skilled they will institute and carry out the whole process with little or no direct involvement by the professional staff.

On a less formal basis there is an almost constant exchange of information about handicapping conditions, child development, learning and coping. Families are introduced to each other, space is arranged to further exchange, informal contact is built into the schedule, resources and materials are available close at hand. Friendships and supportive relationships are the result, so too is an enormous amount of informal learning.

Parent-only meetings are also held on a regular basis. Parents are expected to attend a specified number of such meetings which grow out of parent requests and are typically planned by parents. Visits from physicians and attorneys and presentations by veteran parents are especially requested. Discipline, testing, community service, nutrition, and a program overview have been favorite topics.

Independent learning is encouraged through the use of units which are perhaps composed of articles, pamphlets, books, tapes or recordings devoted to specific topics. Topics include: developmental delay, cerebral palsy, physical handicaps, Down's syndrome, sensory impairments, general child development, testing, legal aspects, community services, prematurity, positioning, nutrition, pediatrics, motor development,and language.

Home instruction is available for families experiencing very difficult transportation problems or for infants unable to attend the Center for periods of time because of medical problems.

## Program Phases

The Center program is organized into an intake period and four phases. The intake period is a start-up time that provides the foundation for continuing involvement. The phases reflect the degree or intensity of family involvement in programming. (See Figure 3.)

During intake our goal is to help the family learn about the program and to enable the staff to learn enough about the family and child to make initial programming decisions. Basically, we want to know whether or not the program is the place for this family, and will we be able to deliver the services needed? If the family and staff decide that the answer is "yes" we then must decide where and how to start.

Parent staff are particularly important during the intake phase. They meet with family members, introduce them to the staff and to other families. They discuss the program and answer questions. They help collect diagnostic information, conduct pretests and complete the family needs assessment.

Phase I is the most intense intervention phase. It is a six to ten week period wherein one or more family members bring their infant to the Center for two hour work periods. While the attendance goal is five days a week, only a few families manage that schedule. A more typical pattern is three days per week. Evening sessions and Saturdays are scheduled in order to accommodate working parents, especially fathers, and to match some infants' sleeping/waking schedules.

## FIGURE 3

## FAMILY-INFANT PROGRAM
### Scheduling

| Orientation | Duration | Frequency Goal |
|---|---|---|
| Intake | | |
| PHASE I | 6-10 weeks | Daily |
| 30 Teaching Sessions Conducted<br>30 Parent Tasks Completed | | |
| Conference | Plan for greater family independence. Post data collection. Plan for next 20 sessions or plan for next level of programming. | |
| PHASE II | 7-12 Weeks | 3 Days per Week |
| 20 Teaching Sessions Conducted | | |
| Conference | Plan for greater family independence. Plan for next twenty sessions or plan for next level of programming. | |
| PHASE III | 10-14 weeks | 2 Days Per Week |
| 20 Teaching Session Conducted | | |
| Conference | Plan for greater family independence. Plan for next 10 sessions or plan for next level of programming. | |
| PHASE IV | 10-14 Weeks | Once a Week |
| 10 Teaching Sessions Conducted | | |
| Conference | Decision making. Plan for program continuation or outside programming. | |
| EXIT | | |

# SECTION II

## The Program and Program Products

- Center Program
  - Structure
  - Staff Organization
  - Curriculum
  - Family Education and Training
- Satellite Centers
  - Background
  - General Information About Satellites
  - Conduct of Health Center Satellites
  - Services Provided
  - Policies and Procedures for Referrals and Contacts with Families
- Specialized Family Program
  - Program Development: Accomplishments
    - Staffing
    - Population
    - Curriculum - Infants/Family
  - Curricular Innovations in 1979-80 Program Year
    - Picture Albums
    - Parent Groups
- Program Products
  - Overview
  - Family Training
  - Infant Training
  - Specialized Family Programming
  - Community Satellite Program
  - Program Development
  - Dissemination

Infant and family programs are developed and implemented. While considerable variations in programming across families characterizes this phase, each family contracts to accomplish a minimum of 30 tasks during Phase I. "Tasks" include participation in assessment sessions, IEP development, data collection and parent meetings as well as specific skill enhancement programs, unit completions, and knowledge acquisition.

As the infant makes progress and the family accomplishes its goals, staff members talk with the family about moving to Phase II which involves greater independence and perhaps less frequent family attendance. This means less teacher control and strucuture and more family initiated planning. They may decide their own goals and often work alone or with another family instead of being supervised by the teaching team.

Phase progression has to be flexible. It is understood that it is a function of family growth, not of function of infant change. As families become more skilled and confident, they become more independent and secure and rely less and less on staff input and support. They see the staff more as consultants and less as teachers of their infant.

Moving from Phase II through Phases III and IV is a weaning process that requires attention and sensitivity to be successful. The task is to make certain that families do not view phase movement as failure or as an indication that they are not wanted. Rather, families must see movement to less demanding phases as recognition of their growth. For most, vividly experiencing growth is so rewarding that moving toward independence is not particularly threatening. A few, however, have been reluctant to break away. We allow such people to stay on, cutting back maybe only a day or perhaps reducing the amount of direct one-to-one teaching time with the staff.

# SATELLITE CENTERS

## Background

During the latter part of the Family-Infant Programs first year, a review of the operation revealed that the majority of the families enrolled and attending could be characterized as white, stable and self-motivated with a middle to upper middle income and the means to transport themselves to the Center. By contrast, families who were enrolled but not attending regularly often lived in low socio-economic areas of Buffalo and had difficult problems in addition to their handicapped child. Common problems included unemployment, no ready transportation, and problems with public assistance. To better meet the needs of this group, programming was modified and made more accessible by establishing outlying Satellite Centers. Basically we reduced the impact of transportation difficulties, became more credible to families by allying ourselves with an established agency held in esteem in their service area, and were more flexible and less demanding with program commitments.

## General Information About Satellites

### Jesse Nash Health Center

This is a comprehensive health care facility located at 608 William Street, in the east urban Ellicott District of Buffalo. The area is characterized by urban blight, has a high percentage of blacks and considerable poverty. Services provided at the Center include: adult and child primary health care, maternal and infant care (MIC), family planning, nutritional counseling, social services, Erie County Department of Social Services Outreach, Erie County Public Health Nursing Services, and Community Action Organization (CAO) branch service.

### Lackawanna Health Center

This is a comprehensive health care facility located at 33 Wilkes-Barre Street in Lackawanna, bordering South Buffalo. The neighborhood is bordered by factories and steel plants, a primary economic focus. The community is composed of a variety of cultures: Arabic, Black, Caucasian, and Hispanic with a relatively high level of poverty.

The Center houses a variety of services including adult and child primary health care, a well-child clinic, social services, nutritional counseling, Catholic Charities outreach, and podiatry.

### West Side Health Center

This is a comprehensive health care facility located at 102 Maryland Street, in the lower West Side of urban Buffalo. The area has a highly concentrated population of Hispanic, White, Native American, Italian and Black heritage, characterized by a disproportionate number of unemployed families receiving Erie County Public Assistance.

The Center's services include: adult and child primary health care, maternal and infant care (MIC), family planning, social services, dental service, nutrition and drug counseling. The Pediatric Clinic is operated and staffed by Buffalo Children's Hospital.

## University of Buffalo Early Childhood Center

This is a day care program located on the University of Buffalo Campus in a suburban area some distance from the Center. While this satellite is not typical of our other satellites, we decided to establish a cooperative program here because of the research and training opportunity it provides. Services provided at the Center include screening, an extensive educational/day care program, parent training and counseling and referral.

## Conduct of the Health Center Satellites

**Cooperative Arrangement:** Each health center was approached with an array of service options. Each stated a particular need:

### Jesse Nash Health Center

1. To administer the Denver Developmental Prescreening Questionnaires to all children under 3½ years of age registered at the Pediatric Clinic with follow-up and ongoing service as indicated from the result (a score lower than eight of ten age appropriate developmental items).
2. To establish ongoing contact with families referred by the Pediatric staff.

### Lackawanna Health Center

1. To administer the Denver Developmental Screening Test to children referred by the pediatric staff.
2. To follow families on a more frequent basis than routine pediatric appointments as indicated by referral from the pediatric staff and/or the result of the Denver Developmental Screening Test.

### West Side Health Center

1. To follow families on an ongoing basis as indicated by referral from the pediatric staff or social services.

### Each Health Center was requested to provide the following:

1. Space to carry out services (one small room required) and to store materials. (Several boxes of curriculum-parent education material.)
2. Access to review and record services provided in the child's medical chart.
3. Conference time, as needed, to review caseload.

## Services Provided

Prescreening and/or screening of child development:

1. Denver Prescreening Developmental Questionnaire (DPDQ)
2. Denver Developmental Screening Test (DDST)

Observation of parenting skills:

1. Parent Progress Inventory (PPI), adaptation.

Individual Goal Planning for Child and Parents.

1. Individual (pertaining to goals) play activity suggestions for child.
2. General (related to developmental age) play activity suggestion for child.

Referrals, as necessary and appropriate, to community service agencies (as related to PPI and Goals for Parents).

A Typical Program Activity Sequence:

1. Referrals are generated from the pediatric and social service staff through written referral or conference with the person referring.

2. Child's medical chart is reviewed for background and application information.

3. Visit date and time is arranged primarily by the Cantalician Center for Learning staff trainer by telephone if possible, or by a note to the family. A home visit may be made without prior arrangement to establish contact.

4. The staff member's identity is clarified and the purpose of the visit/appointment is explained.

5. Needs survey is reviewed with the parent to present scope of services.

6. Child's development is screened (DDST) and observed by parents and the trainer.

7. Parenting skills are observed (PPI) as a guide.

8. Individual goals for the child are developed with the parents.

9. Typical development is discussed, emphasizing social and language development.

10. At-home activities are discussed within a framework of the child's developmental age and individual goals.

11. Information covered during the contact is reviewed at the conclusion of the appointment.

12. A next appointment is scheduled.

13. Contact is recorded in "Record of Contacts" indicating the focus of the contact, parent's reports, trainer's observations, and follow-up required.

14. Periodically,pertinent information is recorded in each child's medical chart.

15. When the service is terminated, parents are mailed an evaluation form to report service impact.

Personnel

One staff member and one parent assistant are involved in Satellite services.

Space

One small room is available for private consultation at all Health Centers.

Policies and Procedures for Referrals and Contacts with Families

Health Care Center: All referrals are initially accepted for assessment by the staff trainer. Assessment includes at least one contact with the family at the health center (applies to all health centers) or at the family's home (West Side Health Center only; due to time limitation at the Jesse Nash and Lackawanna Health Centers, home visits are not available). Need, frequency, and duration of contact are developed with the family based on the developmental status of the child and the need for improved parenting skills. All families are coded as high risk with FTT children, or registered as neglected or abusive, are conferenced regularly (monthly pediatric-social service meeting) or on an as-needed basis with the person who referred the family and the community agencies involved.

Families: The teaching-learning format encourages parent participation as observers and reporters of their child's development. Questions posed to parents are designed to encourage them to discuss what their child experiences throughout a typical day. The trainer provides background child development rationale to support the parents knowledge base, and encourages a greater variety of stimulating activities appropriate to the child's developmental age.

Materials

For Developmental Planning, these resources are used:

First Three Years of Life, Burton White
Infant-Toddler Curriculum of the Brookline Early Education Project,
Mary Jane H. Yurchak

Time to Talk - A Guide to Normal Speech and Language Development, Vera Berv, Project Main Stream Outreach

For Parents, these materials are distributed (as appropriate to need):

Monthly Grow Charts (First Twelve Months of Life), Frank Kaplan
Topics in Child Rearing (#1-8), Early Childhood Research Center, SUNY at Buffalo
Parents Guide to Pre-Speech and Language Development, Suffolk Chapter ARC
When and How to Discipline, Lee Salk, Ph.D.
Keep Babies Busy, PAR Leadership Training Foundation
Kids Copy Their Parents, PAR Leadership Training Foundation
Soul Mother, PAR Leadership Training Foundation
When Kids Fight Over Toys, PAR Leadership Training Foundation
Developmental Progression, Virginia State Department of Health

# SPECIALIZED FAMILY PROGRAM

## Program Development: Accomplishments

The Specialized Family Program (SFP) is a legitimate, ongoing program in Buffalo. From June 1979 to June 1980, 34 referrals came to the SFP from special education programs, early childhood centers, hospital clinics, and child welfare agencies. During the program year 18 of the referred families and their 47 children received educational,ecologically oriented programming from the SFP. Since June 1980, under Cantalician Center funding, the program has continued and expanded its service-delivery capacity.

## Staffing

During the final year as an HCEEP model, staffing patterns were identical to those described in the supplemental proposal. Half-time paraprofessionals served as direct service agents under the direct supervision of the Program Coordinator.

Over two years we learned valuable information about staffing the SFP Model. For one thing, there is a population of competent, in some cases well-educated people who will work a half-time, minimum wage job in the human services. Both years, our newspaper advertisement for such staff brought in over 100 resumes. One of our "paraprofessionals" was several courses shy of her MSW degree. Another was re-entering the work force, having at one time run a nursery school. With ongoing inservice, people like these can function as do professionals in family education.

It is now clear to us that personnel are a critical variable in the SFP or any other model serving multi-problem families. Working with marginal families is a delicate job in which one must react quickly and appropriately to unexpected crises. Our staff was given weekly practice in handling unanticipated problems. Those who could "think on their feet" improved regularly and those who were not skilled in this area exhibited minimal improvement. Furthermore, our experience over two years was that the families trained by staff adept at thinking on their feet met a greater percentage of their family goals than those families trained by staff less adept at thinking on their feet. Given these findings, program developers should attend carefully to the hiring process. We would recommend multiple interviews for prime candidates. There must be some technique which allows assessment of a candidate's unrehearsed interaction style in addition to talking about issues, and experiences. Our hiring process for Year Two moved in that direction. Each candidate talked with the Program Coordinator and Consultant separately, then together, with an emphasis on "what would you do in this situation?" questions. We would have moved considerably further in a third demonstration year, setting two separate interview dates, using role-play exercises, and perhaps observing candidates interact with families in the center-based program.

With the right personnel, the SFP makes a difference to families. Without the right personnel, it can add to the problems associated with fragmented services which do not follow through.

A major accomplishment in 1979-1980 was to successfully initiate a team approach to help the less skilled staff. A staff member with more experience or skill was paired with the less skilled worker with a difficult family. Together, they met weekly for supervision with the Program Coordinator. Over time, the more experienced worked did progressively less direct service on the case and more of the supervision. The team approach had several major benefits. It was viewed positively by all concerned, with the less skilled workers reporting that they learned a great deal watching their partner and receiving immediate feedback. The opportunity to supervise is a powerful incentive for competent people who are not well paid. In addition, two workers were trained to supervise.

As a result of this experiment, staffing for 1980-1981 was changed substantially. Supervision is now being shared by several experienced people. Since the SFP was selected as a practicum field site for the State University College Department of Social Work, direct service will be provided by (handpicked) students completing a full-year internship as well as by paraprofessionals. Thus, without demonstration funding the SFP will be able to expand and, hopefully, serve all eligible referred families.

## Population

In two years, a total of 30 families including 59 children participated. Table 1 summarizes descriptive information. The fragility of these family units is evident, even from these simple descriptions and the relatively small sample. Table 2 concentrates on services and the population of children served.

Table 1: Basic Descriptions of the Specialized Family Program Population (N=30)

| Description | Number | Percent |
|---|---|---|
| Parents | | |
| One Parent Familes | 12 | 40 |
| Two Parent Families | 18 | 60 |
| Children | | |
| One child families | 6 | 20 |
| Two child families | 19 | 63 |
| Three child families | 2 | 7 |
| Four or more child families | 3 | 10 |
| Employment | | |
| Families with at least one parent employed | 5 | 17 |
| Families with no active employment | 25 | 83 |
| Unemployed families actively seeking employment | 14 | 56 |
| Race/Ethnic | | |
| Caucasian | 24 | 80 |
| Black | 5 | 17 |
| Hispanic | 1 | 3 |

Table 1 (Con't)

| Description | Number | Percent |
|---|---|---|
| Income | | |
| Receive Public Assistance | 25 | 83 |
| Receive SSI | 10 | 33 |
| Imprisoned 30 days or longer within last two years | 5 | 17 |
| Active child protection cases within past two years | 18 | 60 |
| Multiple Agency Involvement (Three or more workers who see a family on a regular basis, not including the SFP) | 17 | 57 |

Table 2: Children of the Specialized Family Program (N=59)

| Description | Number |
|---|---|
| Children per family | |
| One | 6 |
| Two | 19 |
| Three | 2 |
| Four or more | 3 |
| Childrens Ages | |
| 0-1 | 16 |
| 1-2 | 18 |
| 2-3 | 18 |
| 3-5 | 12 |
| 5+ | 5 |
| School Aged Children | 5 |
| School Aged Children in special classes | 5 |
| Children screened by SFP | 25 |
| Children identified as significantly delayed | 13 |
| Children with chronic health problems or physical disability | 7 |
| Children who have been in foster care at some point | 40 |
| Children mentioned in referral statements as "retarded," "speech handicapped" or "emotionally disturbed" | 51 |

In a time of advocacy and expanding rights for handicapped people, marriage, parenthood, and raising a family are among the most difficult to accept rights for adults with histories of mental retardation and emotional disturbance. We believe(and have some supporting data) that there are more such families than most people think exist. And there is every reason to believe their numbers will grow. In effect, whether or not there should be such families is moot. They're here, the vast majority are very poor and like most of us parents have had practically no effective preparation for parenthood.

By definition children being raised in such families are "high-risk" and a large population of them are handicapped under traditional definitions. For the past two years such children and their families have been the target population of the Cantalician Center's Specialized Family Program (SFP) which is a component of our HCEEP model/demonstration project. So far as we have been able to determine, the Specialized Family Program (SFP) is the only completed or third year HCEEP model with a specific design for this target population. Below are brief descriptions of some of the families in the program.

Table 3: An Overview of the Families Served

| Mother's History | Father's History | Children: Age at Referral/ Characteristics | Referral Information |
|---|---|---|---|
| Special EMR classes - Buffalo | Long-term institutionalization in State psychiatric facility (12 yr.) | 1 year, 6 months<br>Born with spina Bifida, hydrocephalic | 8 active agencies, 5 homebased programs, gross neglect of basic child care, Child Protection active case |
| EMR Classes Buffalo<br>Single parent (19 yrs. old) | | 2½ years & 7 mos.<br>younger child born prematurely, developmentally delayed | Family Infant Program saw need for generalization of stimulation activities to home setting |
| long-term (4 year) institutionalization in State Development Ctr. | long-term (5 yr.) institutionalization in State Developmental Center<br>served 1 year in State prison | 2 years<br>developmentally delayed (mother now pregnant) | active with program for retarded adults, worker saw need for more intensive training Child Protection Active Case |
| EMR classes Niagara Falls<br>Single parent (18 yrs. old) | | 8 months<br>(mother pregnant) | Voluntary foster care placement, child returned at age 1 yr.<br>Referred by Niagara Fal Catholic Charities worker |

| Mother's History | Father's History | Children: Age at Referral Characteristics | Referral Information |
|---|---|---|---|
| Long-term (2 yr.) in State Developmental Center | Long-term (4 yr.) in State Developmental Center | 3 yrs.<br>1½ yrs. | 6 active agencies including Child Protection Services, 5 home-based programs |
| 3 years in State Developmental Center<br>Previous marriage: Child removed for neglect | 2 yrs. in State Developmental Center<br>1 yr. in State Psychiatric Center<br>8 mos. in state prison | 1½ yrs.<br>6 months<br>oldest developmentally delayed | referral to infant program by hospital Social Service Department, 5 active agencies |
| 3 short-term hospitalizations for depression, attempted suicide | EMR special class | 4 yrs. old, in preschool program for emotionally disturbed children<br>1½ yrs. old | referral by preschool program, 5 active agencies including Child Protection Services |
| EMR class | no background information known | 2 yrs., visual impairment, developmentally delayed<br>6 mos. old. | Family-Infant Program saw need for intensive at-home services based on erratic participatio |
| 2 yr. institutionalization in Developmental Center<br>single parent | | 4 mos. | baby hospitalized for failure to thrive, 5 active agencies including child protection |
| TMR classes | special classes Buffalo | 3 yrs.<br>1 yr.<br>both developmentally delayed | referred by Child Protection Services, 7 active agencies |
| EMR classes | 3 terms in State and County prisons<br>short-term psychiatric institutionalization | 2½ yrs.<br>1½ yrs. | Child Welfare, child removed involuntarily, returned from foster care, thus prompting referral, 8 active agencies, 5 home-based |
| 2 yrs. in State Psychiatric Hospital | | 2 yrs.<br>9 mos.<br>both developmentally delayed | Child Protection Agencie permanent neglect charge dismissed by courts, children returned from foster care. |

## Curriculum - Infants/Family

Throughout its two year history, the SFP referred to the regular Family/Infant staff for infant curricular programming. Our contribution in this area was to bring troubled families into positions from which they could implement suggested procedures with their infants.

The basic process of individualized assessment and goal setting with each family remained in our self-evaluation as our strongest skill area. The challenge with multi-problem families is that during a comprehensive assessment a worker will be deluged with unorganized information and, often, tens or hundreds of vaguely stated unrealistic goals. From this initial information, the worker must assist the family to focus on several intervention targets which are important, encompass the whole family and are attainable. The following guidelines have been helpful in our efforts to develop curricula for these families:

1) Initial intervention programs should be concrete and their objectives should be attainable in a relatively short time. Learning to systematically investigate community resources such as day care or heating assistance monies is an excellent starting program.

2) DO NOT ATTACK intra-family communication problems directly. During Year One of the SFP, intra-family communication was used as one of four curricular domains. During Year Two, it was deemed not productive and eliminated. Of course, communication problems are still addressed but they are integrated into less threatening terms, mutually acceptable terms. A common problem, for example, occurs in our behavioral parent training programs. A child will be yelled at viciously by Mom and simultaneously reinforced by Dad. Several families have made great progress reducing their inconsistency through programs to reduce bed-wetting or compliance problems of the children. One intervention plan even introduced a component of mutual monitoring by the parents to ensure consistent praise for a child target behavior. Phased as a component of a program aimed at the child, mixed communication patterns and inconsistency can be programmed. Our experiences, however, indicate that our workers do not have the background and skill to manage the resistance engendered by direct confrontation of these problems.

3) Do not establish a goal for only one parent (assuming a two-parent family). Include both in any way possible, even the most minimal participation imaginable. A client father complained in great detail about his filthy home and of his wife's responsibility for the problem. She did not disagree. Further discussion brought out that his contribution to household cleanliness was to take out the garbage. An increased frequency of garbage removal was a prominent feature of the intervention contract. Over time, he contracted to do several more significant things.

4) The highest priority goals are those which represent "common ground" in the family system. Thus, training may begin on secondary problems at the expense of more pressing concerns. In the long run, however, this approach has facilitated more family progress than attacking serious concerns, which for whatever reason, are not a priority of one parent.

5) Do not force families into child stimulation/education goals, even if they appear critical to the worker. On the other hand, require that at least one of the three or four top priority objectives relate directly to the children. If child-oriented programs are pushed at families, they react by participating sporadically or not at all. A better approach is to win their confidence and begin integrating ongoing activities which the parents perceive to be important.

6) Take the time to work out evaluation criteria which the family understands. In a multi-problem situation, it is critical for workers and family members to know when small gains have occurred. Thus, the worker must assist the family to monitor progress. In order to do this, they need direct, simple measures and initially, substantial support and reminding to monitor those measures. Simple, self-monitoring systems are programmatically more constructive than sophisticated observational data collected by the worker. (Although a few families reacted positively to graphed indexes of behavioral progress put together by the worker.) In the future, we plan to increase the use of simple, "hard" measures of outcome (e.g., school attendance, health records of children, amount of food in house during random sample checks, etc.) and simple self-recorded behavioral ratings by parents. Traditional educational goals (i.e., acquisition of new skills by child or parent) can, of course, be measured directly with criteria-referenced instruments. These evaluative approaches are part of the curriculum if the family becomes involved in monitoring progress.

## Curricular Innovations in 1979-80 Program Year

**Picture Albums**. Using materials donated by the Polaroid Foundation, we tried a photographic approach to instruction with several parents. Initially we planned to present photographic models of target behaviors and, eventually, pictures of the parents matching the modeled response. Our results, however, were better by simply using pictures of the parents successfully completing various tasks or sub-tasks. It is not clear how the pictures affected acquisition, as there are no controlled data which compared this technique with traditional instruction. All programs which included the photographs were completed to criterion and were viewed as most positive experiences by the parents.

**Parent Group**. For a four week trial period, we invited specialized family clients to a weekly early evening group meeting. We supplied transportation and child care. Attendance ranged from 90 to 100 percent, a most unusual and positive figure for this population.

Although SFP staff provided suggestions as necessary, the agenda was left to the group. The families decided 1) to have a Christmas party; 2) to organize a social outing; and 3) to spend a session talking about mutual problems with children and sharing information about surviving in the welfare system.

Two meetings were rated by the parents as productive and satisfying, and two were rated negatively. Our own inexperience organizing groups was evident and, according to staff consensus, was a major factor in the group's decision to terminate.

Several friendships sprung up from within the group. Two families renewed acquaintance from their days in the state school, and two other pairs of families began to visit each other. This was viewed as a significant outcome considering the typical isolation of the target population. We concluded that groups have great potential in combination with individualized programming for developmentally disabled parents. Plans for 1980-81 include structured parent training groups and social groups which meet in various families homes. The families' hunger for peer interaction was evident. There are some real difficulties in facilitating their social organization. Dependence on staff-provided transportation works against continuing the social network. Too much staff-imposed structure restricts natural relationship building but too little structure leads to chaos. In addition, there is a need to integrate SFP clients with non-handicapped parents, yet make the situation comfortable enough to promote social network building. Much remains to be done in this area of programming. It is an area which should not, however, be neglected, because of its potential for long-term support of fragile families.

During the 1979-80 year, we introduced several client families to ongoing self-help groups for abusive parents. In order to get the families to attend, the worker had to accompany them to the first meetings. In three cases, the self-help groups were able to accommodate our families and make them feel welcome enough to return. Our group efforts will not attempt to duplicate what these groups already do so well. We will continue to use programmatic effort to help our families avail themselves of existing community resources such as the self-help groups.

# PROGRAM PRODUCTS

## Overview

The Family/Infant Program has generated a variety of products, position papers, and process documentation. Here we will introduce the reader to the materials which themselves are appended to this report. The products are described using the following categories: Family Training, Infant Training, Specialized Family Program, Community Satellite Program, Program Development, and Dissemination.

## Family Training

A primary program objective is that each participating family become effective caregivers of their child. The attached materials were developed by the Family/Infant Program to assist in meeting this goal. The materials are organized into three categories: Family Intake Evaluation and Procedures, Family Curriculum, and Family Program Activities.

Family Intake Evaluation and Procedures (Appendix A). During the intake process sensitive information is shared and exchanged between the family and staff members. At this critical time we learn about each other and build the foundation upon which future programming is based. At the time of entry, parents are asked to complete evaluations of their knowledge of infant development, of their attitudes toward caring for an at-risk child, and about their perceived coping behaviors. Family members are also interviewed to ascertain needs and to provide input into planning services they would find useful. The teacher and family members then plan an individualized participation program that includes teaching sessions, family meetings, and special areas of involvement. Each family is given an orientation notebook containing program policies and procedures and a program calendar.

The following materials were developed to facilitate intake and to evaluate the family participation. Examples of each are found in Appendix A.

a. Family Orientation Notebook - This notebook is used to introduce the Family/Infant Program. Each family receives one upon entry into the program.

b. Father Planning Questionnaire

c. Sibling Participation Questionnaire - Both fathers and siblings are encouraged to be active program participants. These are examples of commitment forms for participating in program activities. Special "Dad's Days and Sibling Days" are scheduled to accommodate the times of these family members. Our program has made considerable efforts to include fathers in all aspects of the program.

d. Parent/Family Task Sheet - As part of the intake process, family members plan a schedule of teaching sessions, special meetings, and parent-to-parent conferences. This form is used to record family members' participation during the program year.

e. Father/Infant Record Sheet - The Family/Infant Program regards fathers as competent caregivers who are important participants in early intervention of their at-risk child. This checklist enables both father and teacher to maintain a record of the father's participation.

f. Early Child Care Attitude Scale

g. Parent Knowledge of Infant Development

h. Family Members' Self-Assessment of Caretaking Practices and Knowledge of their Infant's Responsiveness to the Environment.

These three scales were developed to assess program effectiveness in the area of family training. Each family is given these surveys for pre and post comparisons.

i. Program Planning Survey - The needs assessment survey is used to help families develop their family plan.

j. Occupational Therapy Services Assessment - Family members use a form like this to determine their need for and to request supplementary services from the program or from cooperative agencies. Some families, for example, because of their special needs have participated in our program while at the same time received therapy services from the Children's Rehabilitation Unit at Buffalo Children's Hospital.

k. Release of Information Form

Family Curriculum (Appendix B). Developing a family-oriented curriculum has been a major undertaking of this project. It has received ongoing attention in inservice meetings, staff reviews, model development efforts and consulting visits. One consultant, Dr. Joseph Sparling, had a major impact on our efforts.

What we have developed is designed for program use and not for dissemination by publication. It draws on numerous resources which are adapted within Sparling's recommendations to fit the specific needs of various families and family members. On another level the curriculum forces the teaching staff to use family behaviors as a means of changing infant behaviors. That is, the curriculum helps teachers coordinate the things a family is learning or needs to learn with the things their child is learning or needs to learn.

The materials in Appendix B are descriptive statements, examples of parent learning activities, and forms used by both family members and teachers to monitor progress. Below are brief descriptions of the documents included in Appendix B.

a. Family Curriculum Project - Includes a description of the individualized family curriculum project and a representative sample of curriculum activities. Additional activities are on file and available upon request.

b. Parents' At-Home Record Keeping Form of Infant Behavior Changes - Used to assess infant behavior changes and to plan further family and infant activities.

c. Home Visit Form - When family members cannot attend the Center and home visits are necessary for continued program participation, these forms are used to record such visits by staff.

d. Worksheet - Family Plan - In addition to the curriculum activities described in 'a' above, the program includes a number of other options to support family learning. These forms are used as worksheets to plan how those options will be organized and used to meet family needs and expectations.

Family Program Activities (Appendix C). Insuring supportive staff-family, family-family contact is an important means of emotional support as well as an alternative learning resource. In Appendix C, Approach to Affective Programming outlines the model's approach to the former and Family Involvement: A Framework outlines the model's basic conditions by which we try to enhance family involvement in program activities.

Formally, the problem has relied on regularly scheduled group meetings to encourage families to examine and discuss topics of mutual interest. Many meetings are planned and led by interested family members. Other meetings are devoted to special topics selected by the family members which are presented by experts in the field. Some topics, e.g., language development, discipline, and coping strategies, have been requested repeatedly and have been organized by our staff for presentation in a small group discussion. Appendix C includes the following samples of program topics and meeting surveys:

a. Program Topic: "How to Choose an Appropriate Education Program"

b. Program Topic: "Touch and Feel"

c. Information Handout for Family Meeting: "So You Want to Know How I Grow?"

d. Survey Forms

Record-keeping is one activity that the program staff feels is especially important for the parents of very young handicapped children. A vehicle for encouraging and organizing record-keeping is included in Appendix C. Also included is an approach to long range planning, an undertaking we believe will benefit the families of handicapped children.

Infant Programming (Appendix D). Educational programming for infants involves assessing the infants status, planning an educational program, implementing this program, and then monitoring progress so that the necessary fine tuning and subsequent program changes can be made as effectively as possible. Appendix D includes examples of infant programming materials and resources in the following areas: infant assessment, IEP development, and resources. (For a discussion of our monitoring procedure see "Evaluation of Infant Progress" which comes later in the data section.)

a. Infant Assessment - As part of the program's intake procedures, each infant is developmentally assessed using the Bayley Scales of Infant Development. These scales are standardized and effective instruments for assessing the developmental milestones of normal infants. However, the scales lack the sensitivity needed to assess the developmental progress of infants with handicapping conditions. For that reason, the Vulpe Scale has been adapted (with the permission of the authors) for use in program planning. Activities in the infant curriculum file have been keyed to Vulpe items for use in program planning. The Family/Infant Program's adaptation of the Vulpe Scale is in Appendix D.

b. IEP Development - Appendix D includes two policy statements, a relatively brief statement that guides the overall IEP development and a longer, more detailed statement regarding objectives. The lengthier objective statement grows out of our experience that developing appropriate objectives is the most difficult part of an IEP. A copy of the IEP form is included along with related worksheets.

c. Resources - The infant curriculum consists of approximately 800 learning activities each directed at a specific developmental goal. The curricular activities come from a number of sources and have been continuously studied, revised, and reorganized. Revision of the curriculum has been an ongoing part of staff inservice and a formal review of the curriculum was conducted by Dr. Joseph Sparling on a site visit to the program. Selected samples of infant curricular activities are included in Appendix D. Additional infant curriculum items are in use and available upon request.

Several areas of supplementary services including physical therapy, occupational therapy, speech therapy, and audiology are available for infants enrolled in the Family/Infant Program. Other services have been made available through cooperating agencies. Following consultation with the infant's parents, the staff teacher requests the specific services needed. Sample request forms for these services are included in Appendix D.

Specialized Family Program (Appendix E). The Specialized Family Program described elsewhere in this report makes particularly heavy planning and coordinating demands on the staff. We need to be especially clear about what the problems are, what we are trying to do, and who else (what other agencies) is involved. In Appendix E we include the variety of forms we use to help keep track of things. Included also is an overview of the families served and a summary of sample goals and programs. A version of a picture curriculum used with these parents is presented.

Community Satellite Program (Appendix F). The Community Satellite Program is a distinct yet complimentary service provided for infants and their caregivers in an outreach program housed in several cooperating agencies in the community that surrounds the center-based program. The outreach effort has the same objectives as the core program and also operates within an individualized educational developmental framework. Sample forms used in the program are attached in Appendix F.

Program Development (Appendix G). This is a miscellaneous category that contains materials which do not easily fit the other categories in this report.

Dissemination (Appendix H). Over the past three years our dissemination efforts took the forms of community and professional awareness. Staff members, professional consultants, and family members have participated in paper and workshop presentations at meetings of the Council for Exceptional Children, New York State Education Division and the American Association of Mental Deficiency. Many of our staff and parents have presented workshops locally in the Buffalo area.

Community awareness has been a continuous process and the development of an effective community awareness program has been essential for program continuation and continuity. In addition to group meetings and presentations, our program has made use of the media to advertise the program. We have appeared on local television and radio talk shows and been featured in several newspaper articles. We have developed a slide show depicting the program components that has been used in shopping malls and presentation to community groups.

A successful component of our community relations program is directed specifically to referring pediatricians. M.D.'s who refer children to the program are sent written followups of the child's progress. Brochures are sent to each pediatrician's office describing the program.

This year has seen special effort devoted to developing a dad's poster and a program process book. Appendix H contains materials we have developed for dissemination. Included are two brochures, the dad's poster and a rough draft copy of the program process book which is presently at the printers. We anticipate distribution of this product will take place within two months.

# SECTION III

## Data

- Evaluation of Infant Progress: Center Program
  - Data Based Instruction
  - Bayley Change Data
  - IEP Related Data
- Evaluation of Family Progress - Center Program
  - Pre/Post Comparisons
  - Informal Data
  - Attendance
  - Family Participation
- Specialized Family Program
  - Documentation
  - Satisfaction
  - Change
    - Multiple Baseline Analyses
    - Change According to Content Objectives
- Western New York Programming for Handicapped Children from Birth to Three Years

## Evaluation of Infant Progress

Evaluation of infant progress in the third year emphasized the collection of ongoing child performance data, as well as the measures we had previously used, i.e., Bayley pre-post scores. Although data had been collected sporadically during previous semesters, the 1980 terms have been characterized by an intensive effort to involve staff and parents in manageable but effective data-based instruction.

### Data-Based Instruction

Data Collection. Continuous measurement of infant performance presupposes that specific objectives have been targeted for each infant's instructional program. That effort is one that we refined during uur first two years (See IEP format in Appendices). Given these goals, as well as accompanying statements of expected criterion levels and the steps toward the achievement of those criteria, appropriate measures were selected. For our purposes, two primary kinds of data were collected:

1) Event or frequency recording involves the counting of discrete occurrences of the target behavior. The data collection sheet on the following page was frequently used. For example, the graph below illustrates the use of event recording to document progress on the task of grasping and holding two objects for a period of five seconds. The criterion was 100% of trials over three weeks; the last two data points are maintenance checks.

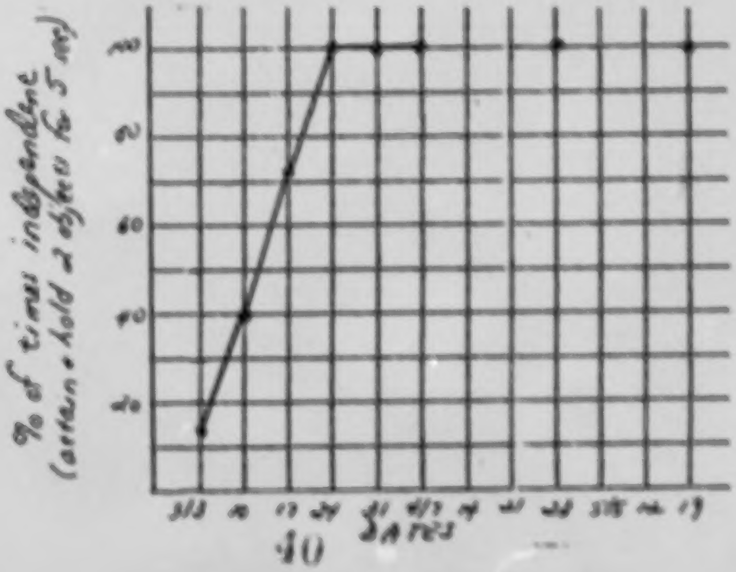


FIGURE 4

## Behavior Management Recording Form

me ______________________________ Behavior Manager ______________________

havior ________________________________________________________

asurement ______________________ Data Collection Schedule ______________________

| te | Data Collection Time |  | Total Time | Frequency or Duration | Total Freq. or Duration | Rate or Percent |
|---|---|---|---|---|---|---|
|  | Start | Stop |  |  |  |  |
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rminal Objective ________________________________________________

________________________________________________________________

rget Behaviors ________________________________________________

________________________________________________________________

B before date indicates "Baseline Date"

A specific version of event recording which we found to be especially helpful in documenting small points of progress on a continuum of least to most assistance has been the summary of "least prompts" data. The essence of this system is allowing the child the opportunity to perform the task (or each step of the task) independently, or at the least level of assistance possible, on each trial. The levels of assistance which we selected include:

S: Self-initiates (spontaneous or independent performance)
C: Command only
G: Command and gesture
M: Command and model
P: Partial physical assistance
T: Total physical assistance

For purposes of graphing, we summarized the percentage of trials on which the child performed the target objective on verbal direction (C: Command only) or better (Independently). The graph below illustrates the summary of least prompts data for one student on the task of releasing objects into a container. The criterion was 80% or better at the "independent" or "command only" levels over two weeks; the final data point is a maintenance check. The data sheet used to collect these data is included on the next page (please note the self-graphing feature inherent in the format).

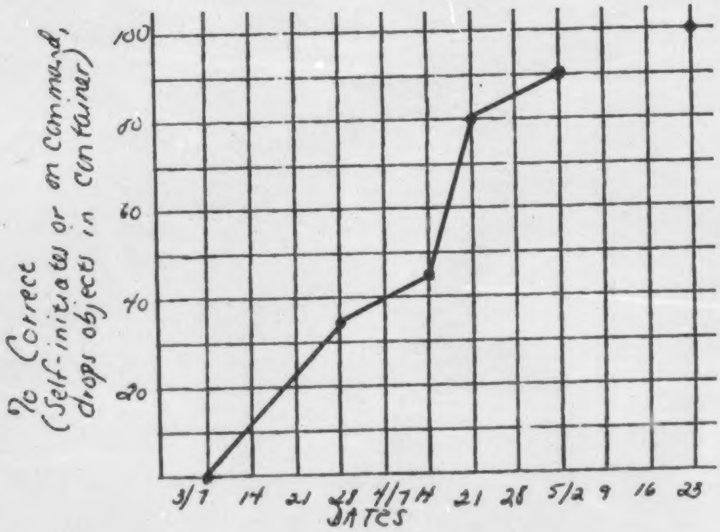


FIGURE 5

Learner: ______________________________

Instructors: ______________________________

Dates: ____________ To ______________

Materials: ______________________________

**PROMPT LEVELS**

S - Self initiates (spontaneous)
C - Command Only
G - Command and Gesture
M - Command and Model
P - Partial Physical Assistance
T - Total Physical Assistance

Program: ______________________________

**Dates and Initials**

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1) ____________________ | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S |
| | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C |
| | G | G | G | G | G | G | G | G | G | G | G | G | G | G | G |
| | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M |
| | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P |
| | T | T | T | T | T | T | T | T | T | T | T | T | T | T | T |
| 2) ____________________ | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S |
| | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C |
| | G | G | G | G | G | G | G | G | G | G | G | G | G | G | G |
| | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M |
| | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P |
| | T | T | T | T | T | T | T | T | T | T | T | T | T | T | T |
| 3) ____________________ | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S |
| | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C |
| | G | G | G | G | G | G | G | G | G | G | G | G | G | G | G |
| | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M |
| | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P |
| | T | T | T | T | T | T | T | T | T | T | T | T | T | T | T |
| 4) ____________________ | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S |
| | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C |
| | G | G | G | G | G | G | G | G | G | G | G | G | G | G | G |
| | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M |
| | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P |
| | T | T | T | T | T | T | T | T | T | T | T | T | T | T | T |

Learner: ______________________

Instructors: ______________________

Dates: ______________ To ______________

Materials: ______________________

**PROMPT LEVELS**

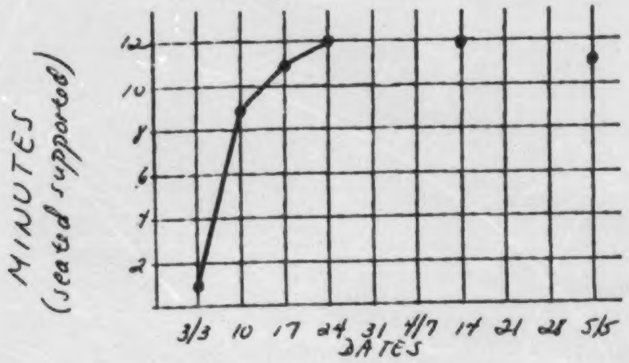
S - Self initiates (spontaneous)
C - Command Only
G - Command and Gesture
M - Command and Model
P - Partial Physical Assistance
T - Total Physical Assistance

Program: ______________________

**Dates and Initials**

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 5) ______________ | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S |
| | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C |
| | G | G | G | G | G | G | G | G | G | G | G | G | G | G | G |
| | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M |
| | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P |
| | T | T | T | T | T | T | T | T | T | T | T | T | T | T | T |
| 6) ______________ | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S |
| | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C |
| | G | G | G | G | G | G | G | G | G | G | G | G | G | G | G |
| | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M |
| | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P |
| | T | T | T | T | T | T | T | T | T | T | T | T | T | T | T |
| 7) ______________ | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S |
| | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C |
| | G | G | G | G | G | G | G | G | G | G | G | G | G | G | G |
| | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M |
| | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P |
| | T | T | T | T | T | T | T | T | T | T | T | T | T | T | T |
| 8) ______________ | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S |
| | C | C | C | C | C | C | C | C | C | C | C | C | C | C | C |
| | G | G | G | G | G | G | G | G | G | G | G | G | G | G | G |
| | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M |
| | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P |
| | T | T | T | T | T | T | T | T | T | T | T | T | T | T | T |

2) Duration recording involves measuring the length of time during which the targeted behavior occurred. This especially has suited some of our motor objectives, as illustrated below in the graph of the skill sitting supported at hips without throwing self back. The criteria was 10 minutes or better over two weeks; the last two data points are maintenance checks.



## Utility of Data Collection Methods

Although there was some indication that the interval measurement systems may have been appropriate for some behaviors, they were not used extensively or systematically. Both staff and parents found their use to be too intrusive, since they relied on a time cueing system. On the other hand, both staff and parents generally found duration recording to be relatively easy to use, both at school and home. Similarly, the event recording format that involves coding "yes it happened" (+) and "no it didn't happen" (-), was found to be an effective means for both parents and teachers to document child performance. The "least prompts" type data collection was received less positively by some staff as well as by most parents. The main problems noted with this system were (a) the lack of flexibility of the data collector (parent or teacher) in choosing the key prompt levels relevant to the target behavior (rather than using all the levels noted on our recording sheet); (b) the difficulty encountered by some data collectors in recording on each step of a task; and (c) problems in interpreting the step-by-step data as they are collected and "self-graphed" on our data sheets (in other words, overall picture of the child's performance on the task is not obvious, unless the data are graphed in another format, such as the graphing formats illustrated earlier in this section).

## Benefits of Data-Based Instruction.

The data-based instruction strategies employed in the program had several major advantages that over-rode the relatively minor problems just mentioned. Briefly, they include the following:

1) Probe measurement. Parents and teacher employed the strategy of "probing" to measure infant performance. This basically involved setting up criterion-level conditions, and letting the infant perform the task with the level of assistance expected at criterion. The primary feature of using probes that was helpful, given the number and variety of instructional programs designated for each infant, was that they were done regularly and frequently (one to three sessions weekly), but not necessarily daily. Since the conditions in which probe data were collected were standard from time to time (e.g. "criterion-level conditions"), and since probe data were collected frequently, the assumption is that they were reliable measures of developmental change over time. The data were, then, continuous but not daily measures of performance. Most of the graphed data points represent a weeks levels of performance. For example, if three probes were conducted on the duration that an infant stood unsupported, over the week, the one point (28 seconds) that would be graphed is calculated as follows:

Probe 1 = 30 sec.
Probe 2 = 20 sec.
Probe 3 = 35 sec.

$$\therefore \frac{30 + 20 + 35}{3} = 28 \text{ sec.}$$

The use of probes, then, minimized the potential pressure of collecting data daily on each objective, thereby allowing some increased flexibility in each instructional session for the teacher and the parent.

2) Individualization of instruction. A major emphasis of staff training was the use of collected data to make instructional decisions. Although inherent in our student population is variability (by virture of their ages as well as their handicapping conditions), the patterns in the skill acquisition data we collected became the

bases from which instructional decisions were made. The following "decision-point" type questions were stressed in the interpretation of collected data in cases where there were no changes in performance, when an initially good performance deteriorated over time, or when progress was much slower than expected:

a) Are the data the best descriptions of the behavior?

b) Are the consequences for the child's performance of the task adequate?

c) Is the instructional procedure appropriate?

d) Do the steps of the task need to be broken into smaller gradations?

e) Are there other variables which are relevant? Can these be changed (e.g., instructional time, person who is the teacher, etc)?

f) Are prompts being used appropriately and effectively?

3) Reduced reliance on standardized measurement. Collecting ongoing child performance data significantly reduced the reliance of staff on standardized assessment (i.e., the Bayley Scales) and developmental checklists (specifically, our adapted version of the Vulpe) to determine where an infant was functioning relevant to stated IEP goals. Although standardized instruments such as the Bayley have been important in recent years, in validating the impact of early intervention programs, their relative utility in making most instructional decisions in service programs must be diminished. As indicated by Hanson and Bellamy (1977): "...decisions must be made which require data not provided by standardized instruments. For example, a parent or treatment consultant must decide whether specific intervention techniques are having their intended effect. Similarly, they must determine whether a specific set of steps is in fact leading toward a defined objective. For these decisions, data are needed which are more immediate and more specifically related to the procedures used" (p. 52).

In our case the Bayley and Vulpe became "Level I" type assessment instruments. They provided a periodic referent to the developmental norm and sequence, which in many cases prompted selection of IEP goals. Detailed assessment of infant performance on IEP objectives, using task analyses or skill sequences, formed the basis of our "Level II" type assessment. Obviously, it is from these more specific, baseline and acquisition measures that criteria for IEP objectives were derived. These measures, then, provided ongoing means of determining the effects of intervention as related to child progress.

4) Facilitation of parent-professional partnership. The use of performance data as one focus of communication between parents and teachers was an outgrowth of our data-based instructional activities. For the most part, it was clearly a facilitator of communication about child progress, helping to reduce the vagueness of "she's getting better" to specifics of children's actual performance. Progress toward stated IEP goals became less professional "mystery" as parents could see change in child performance. Many parents became adept at collecting data, especially in the Center. Particularly, for these parents, the mechanics of using objective measurement to make revisions in instruction (strategies, objectives, etc.) became quite clear. Their role as "informed consumers" (Hanson and Bellamy, 1977) of services for their children has not only kept us honest, but is having its impact as their children graduate and are served by other local agencies.

## Evaluation Efforts to Support Data-Based Instruction.

The increased involvement of an evaluation component related to child progress was operationalized in the 1980 semesters by the following:

1) The evaluator met weekly with staff to review data collection procedures specific to infants' IEP goals.
2) Two Buffalo State College students volunteered to do weekly data summaries on graphs.
3) The evaluator regularly monitored graphed data to assist teachers in revising instructional programs based on collected data.
4) Each semester, the number of IEP goals achieved by each infant was tabulated (these data are included later).

## Sample Data Summaries

Because the numbers of graphs for children enrolled in the program is massive (8-15 per student), we have randomly selected performance graphs for two of our students. They demonstrate more vividly the application of the various data collection and graphing procedures described earlier. They also illustrate the variability of young handicapped children in skill acquisition.

These skill acquisition curves are obviously illustrative that, for the most part, the children were progressing in the targeted objectives. The rates of acquisition are not being compared to any "norm", although we understand that some comparisons of this type are being made on matched pairs of handicapped and nonhandicapped infants in the Kansas Early Childhood Institute. Again, the graphed data have primarily been of use in monitoring whether our instructional programs are having measurable, positive impact.

## Data-Based Instruction to Demonstrate Intervention Effects.

Because behavioral changes may occur, especially in infancy, due to maturation, it is to the benefit of infant programs to demonstrate that changes in the target objectives were due to the intervention. For that reason, we anticipated demonstrating programmatic impact by widely applying the multiple baseline research design to our instruction. Basically, this involves establishing baselines on two or more independent behaviors. Intervention is initiated on each behavior in succession, once impact is demonstrated on the behavior previously treated. Evidence of a functional relationship existing between the behavior change and the intervention is presumed if changes in the targeted behaviors do not occur until the intervention is begun, across multiple behaviors.

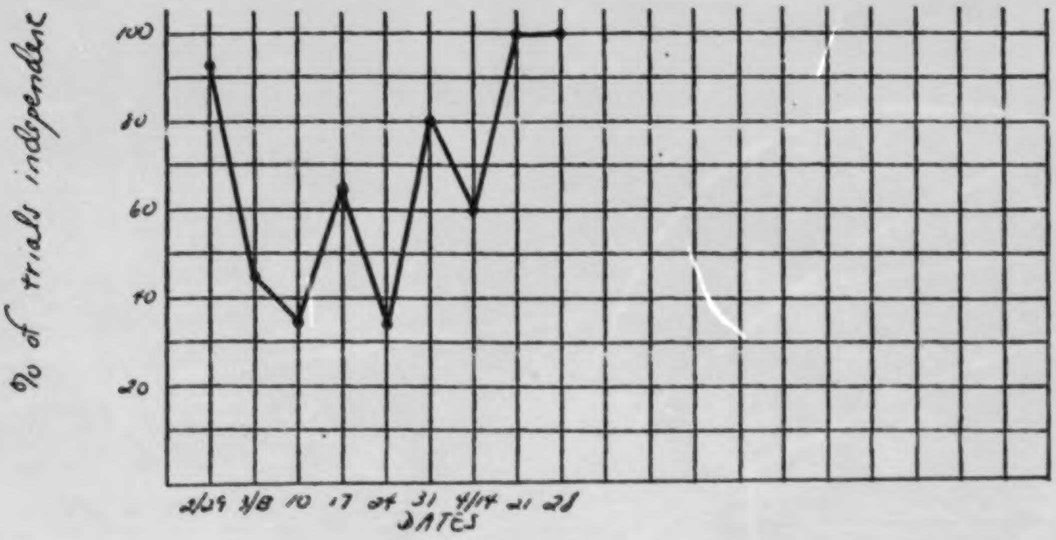
We have had very limited success in using multiple baseline designs in a broad way to demonstrate the effects of our interventions. This can be attributed to the following:

1) It has been difficult for us to establish truly independent behaviors across which to measure. They may seem somewhat off base, considering

STUDENT 1 (C.P.)

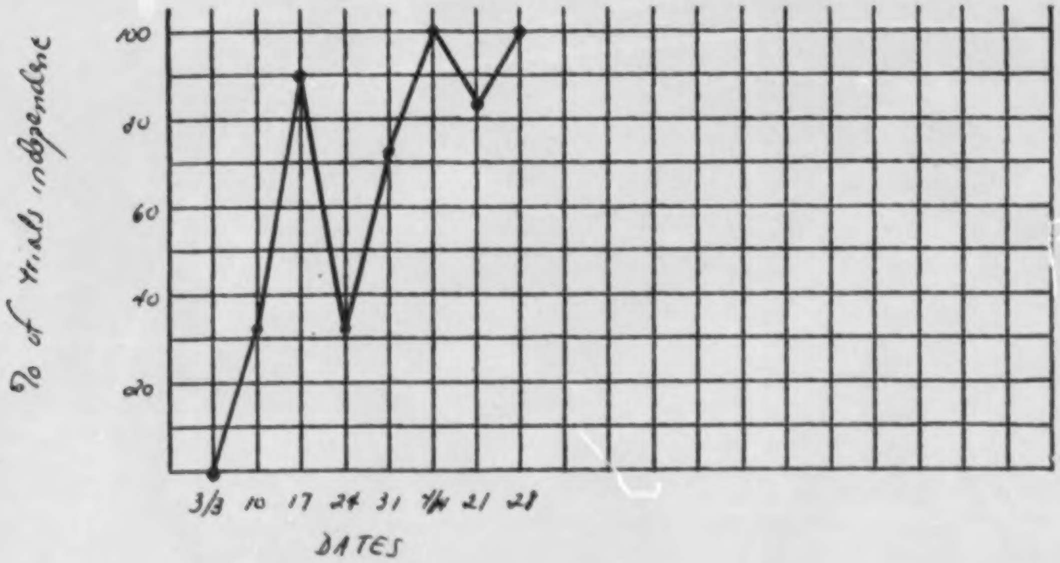
① Reaches for and grasps objects (either hand)

Criterion: 90% or better over 2 weeks



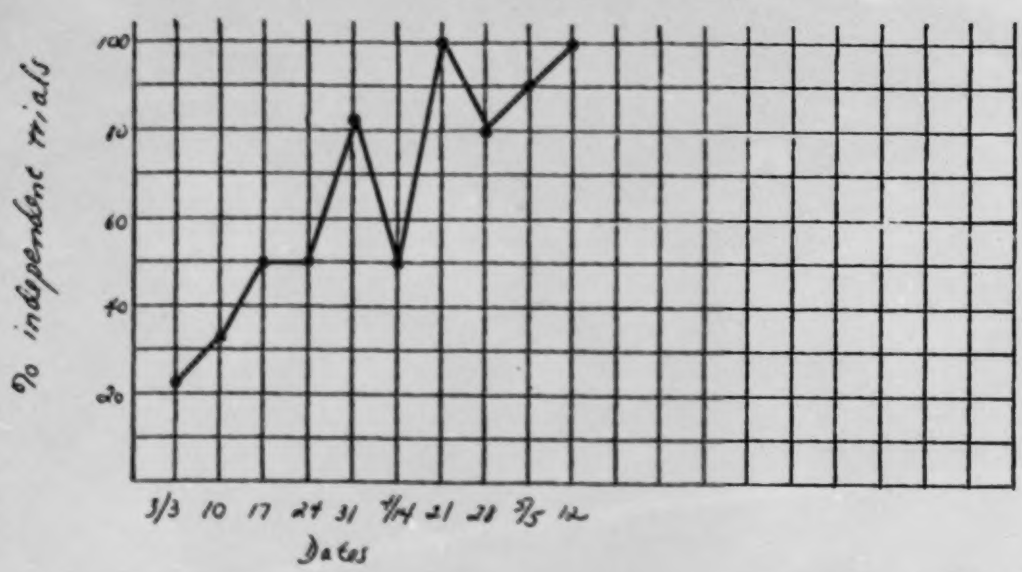
② Raises head 90° (prone)

Criterion: 80% or better over 3 weeks

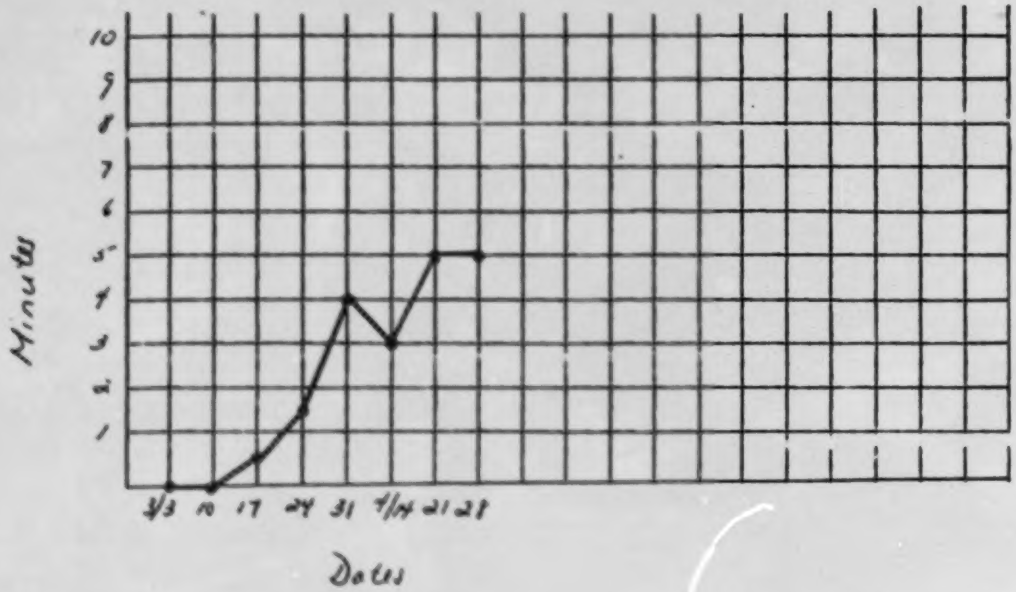


STUDENT 1 (cont.)

③ Raises head 45°; attempts to turn it.
Criterion: 90% or better over 2 weeks



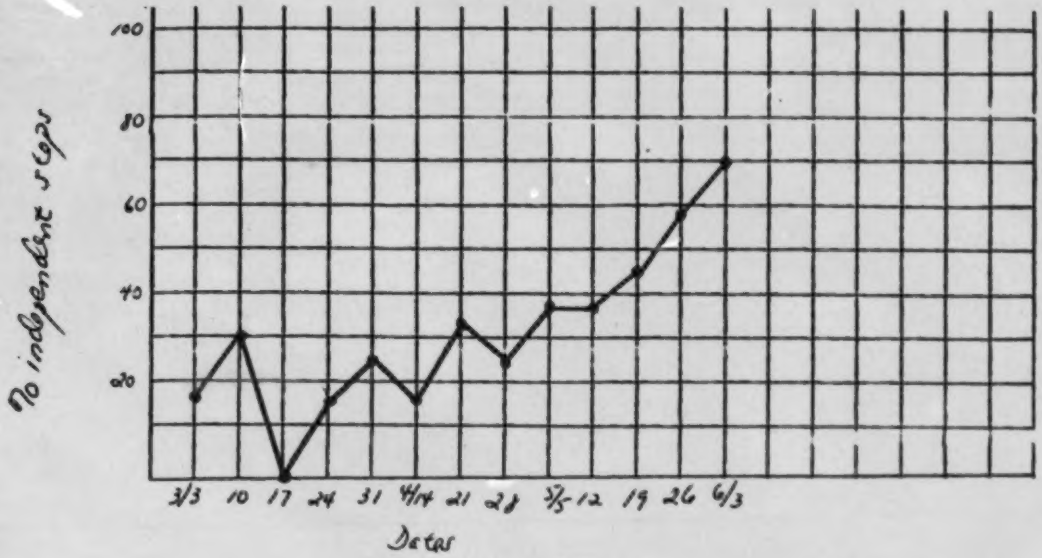
④ Tolerates being on stomach
Criterion: 5 minutes over 2 weeks



STUDENT 1 (cont.)

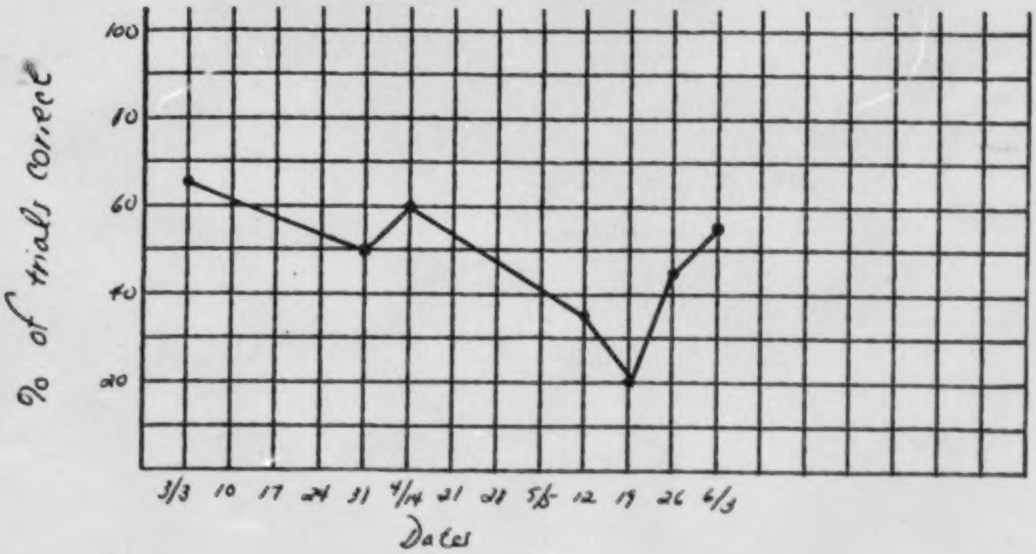
⑤ Rolls from stomach to back

Criterion: 80% or better over 2 weeks



⑥ Vocalizes to stimuli

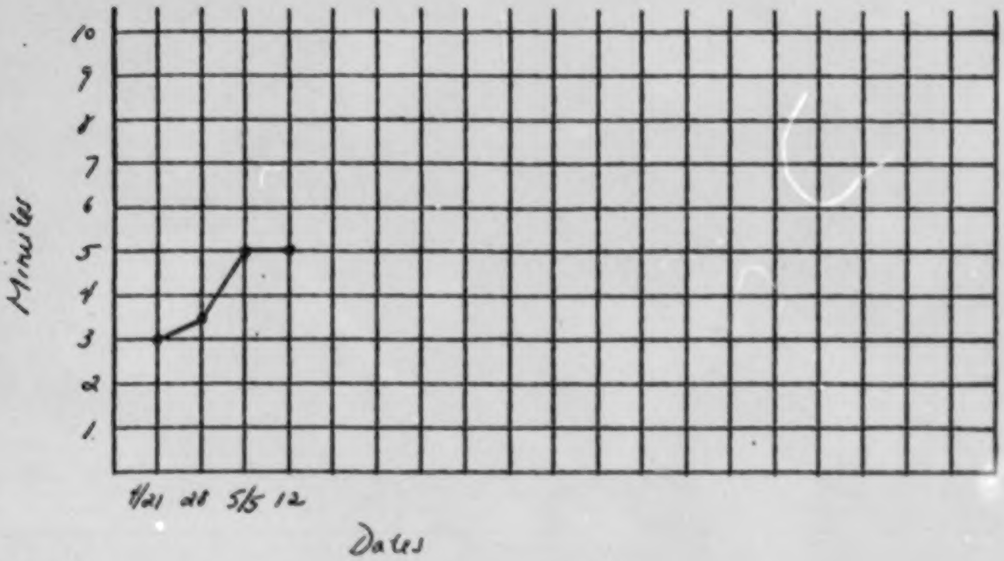
Criterion: 80% over 3 weeks



STUDENT 1 (cont.)

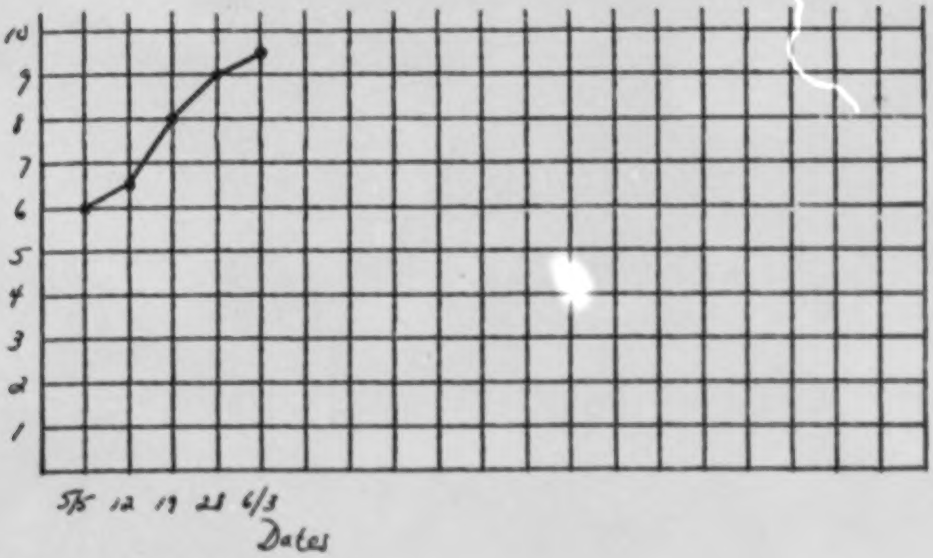
⑦ Sits with support on floor

Criterion: 5 minutes over 2 weeks



⑧ Tolerates being on stomach

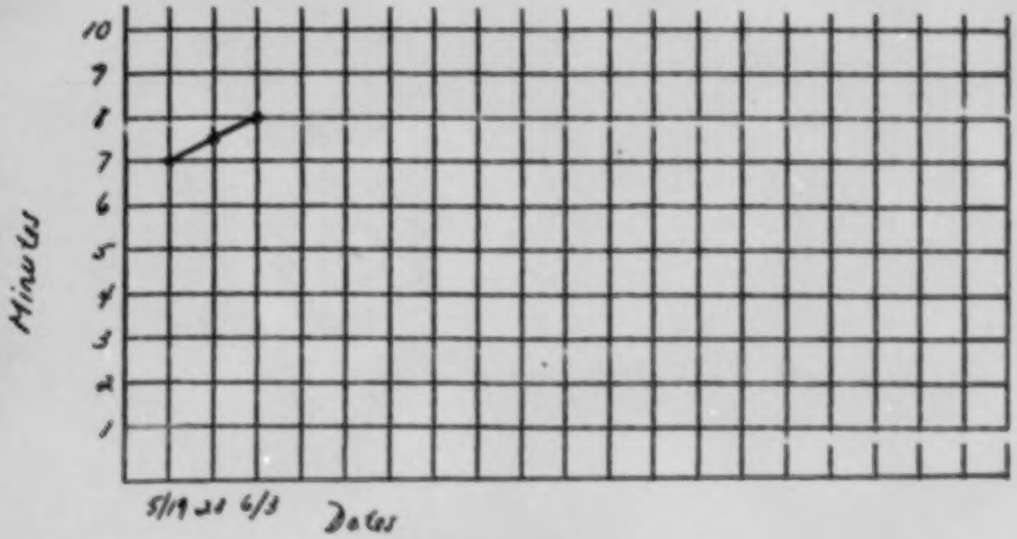
Criterion: 10 minutes over 2 weeks



STUDENT 1 (Cont.)

⑨ Sits with support on floor

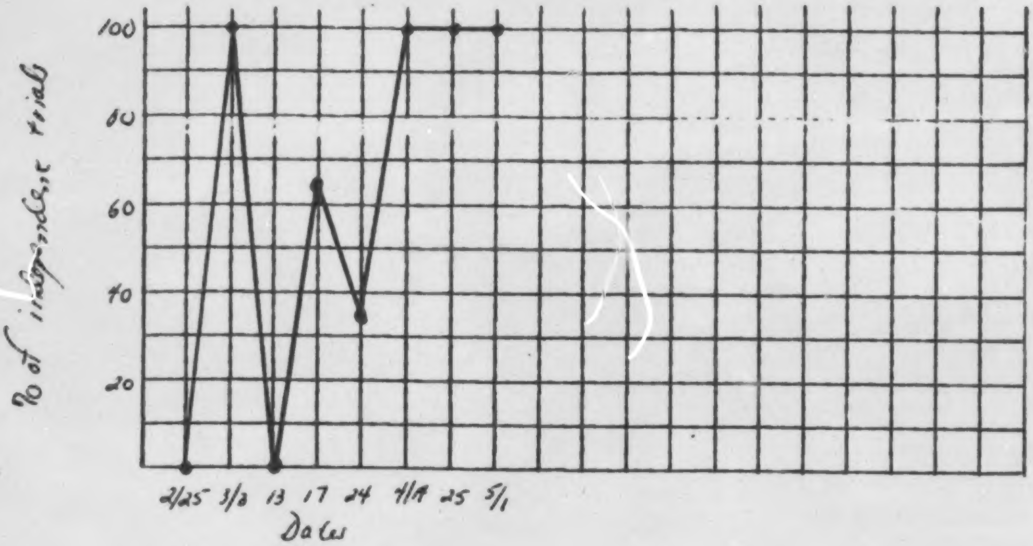
Criterion: 10 minutes over 2 weeks



STUDENT 2 (B.B.)

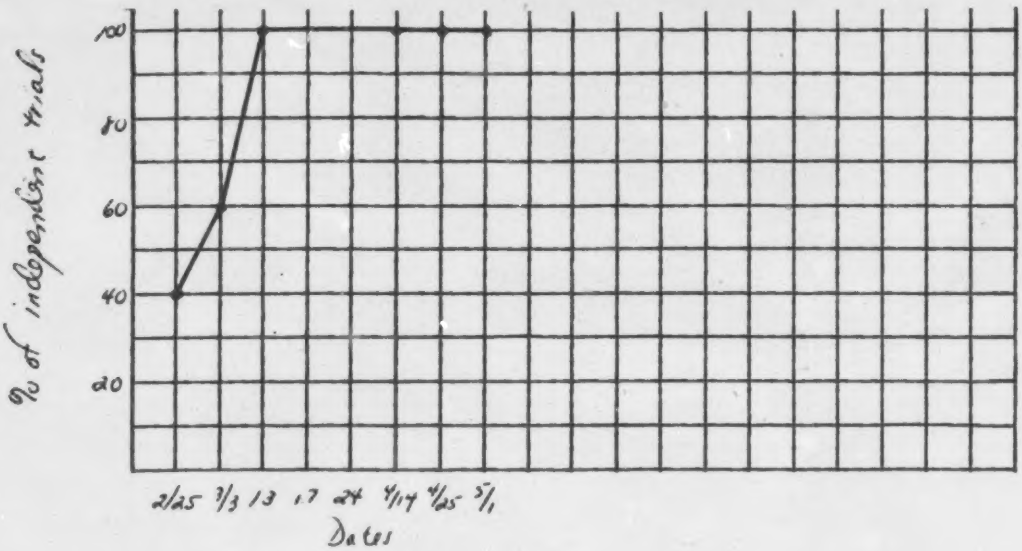
① Stands alone for 1 minute

Criterion: 90% or better over 3 weeks



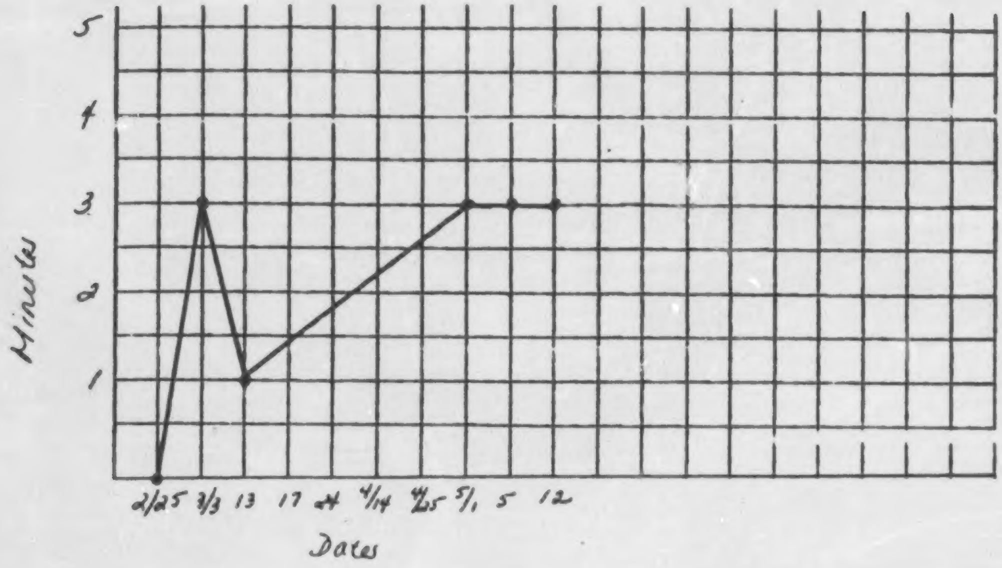
② Kneels at shelf 5 minutes independently

Criterion: 100% over 3 consecutive weeks

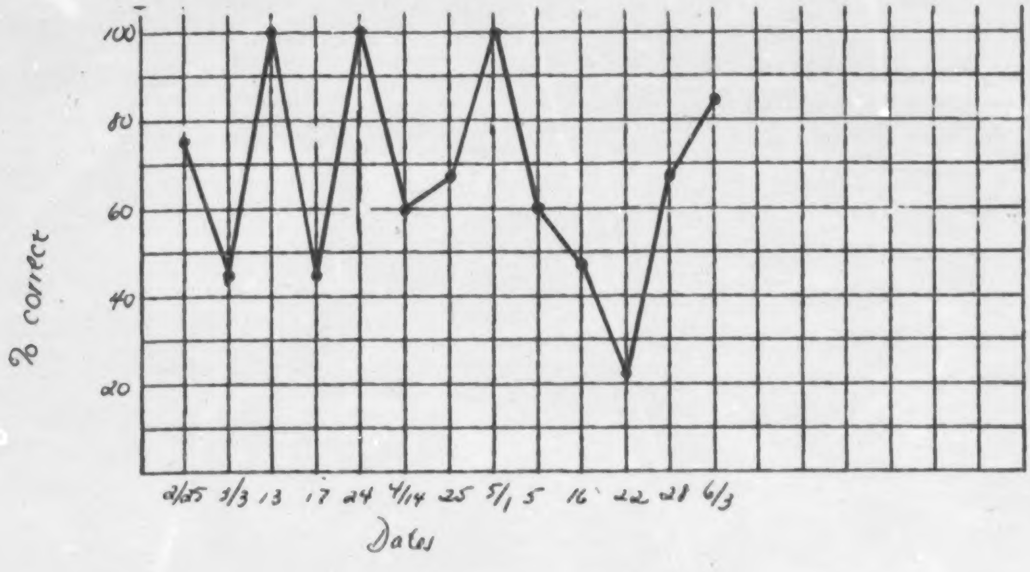


STUDENT 2 (cont.)

③ Half-kneels at shelves, 3 minutes, with assistance
Criterion: 3 minutes, over 3 weeks

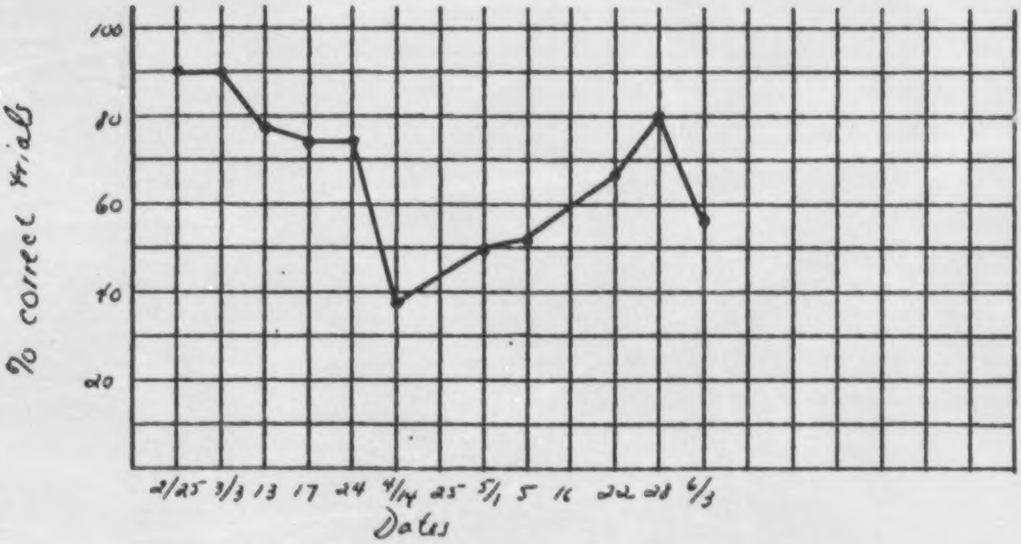


④ Hands red/yellow blocks on command
Criterion: 100% over 2 consecutive weeks

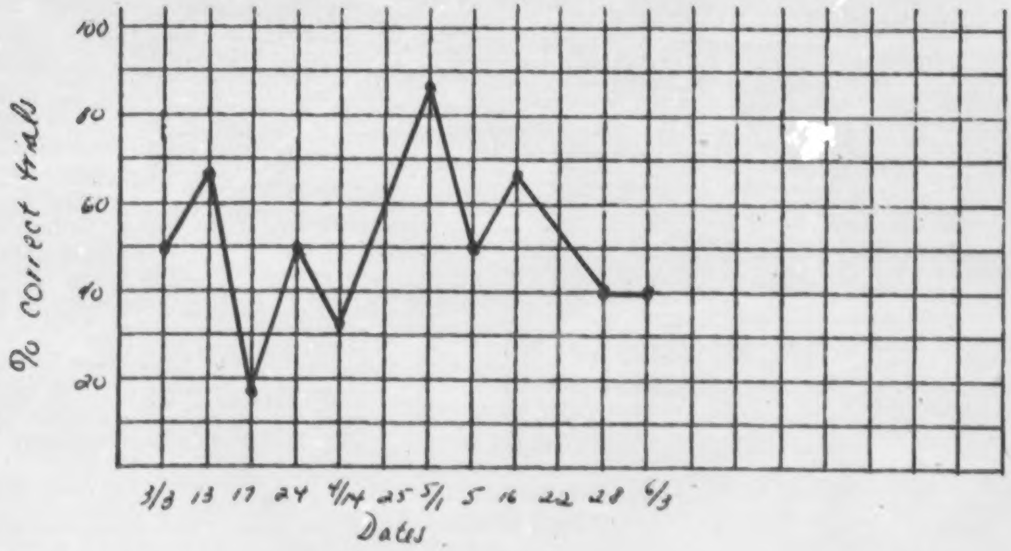


STUDENT 2 (Cont.)

⑤ Points to bigger of 2 objects
Criterion: 100% over 2 weeks

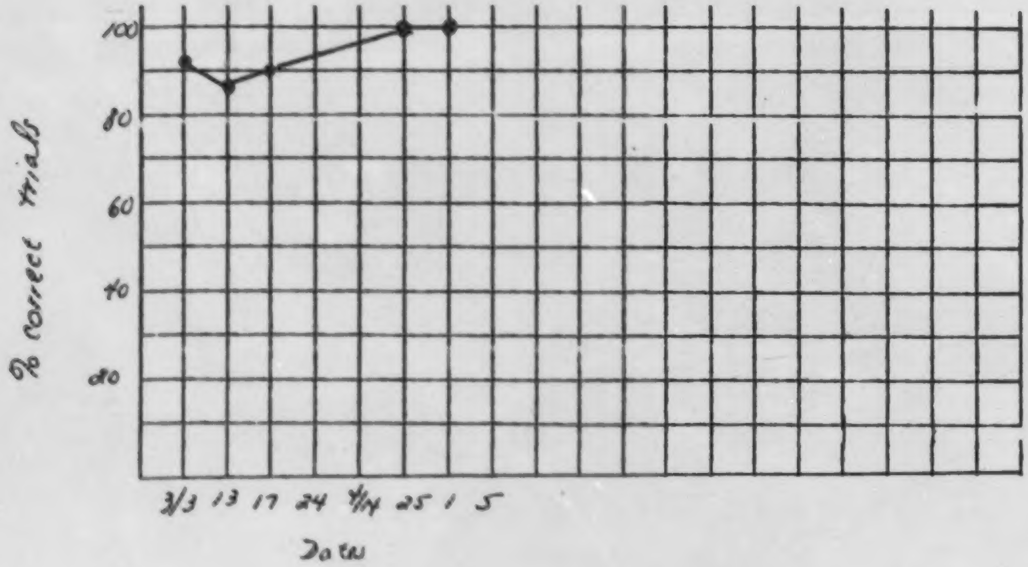


⑥ Points to smaller of 2 objects
Criterion: 100% over 2 weeks

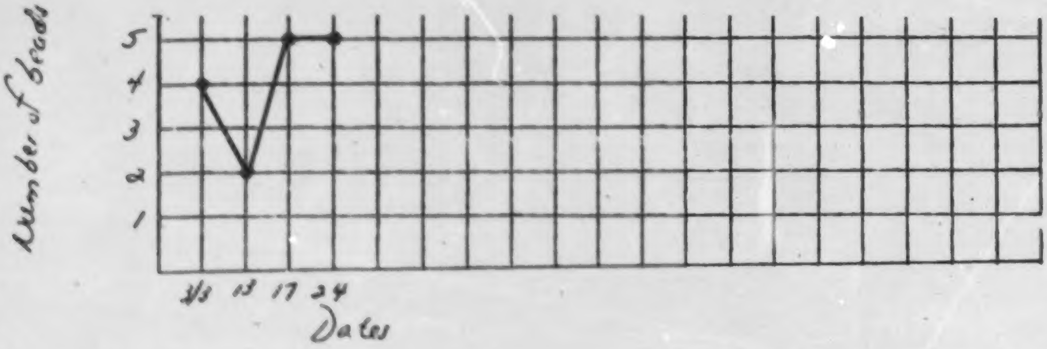


STUDENT 2 (cont)

⑦ Points to 1 of 3 pictures by object function
Criterion: 100% over 2 weeks

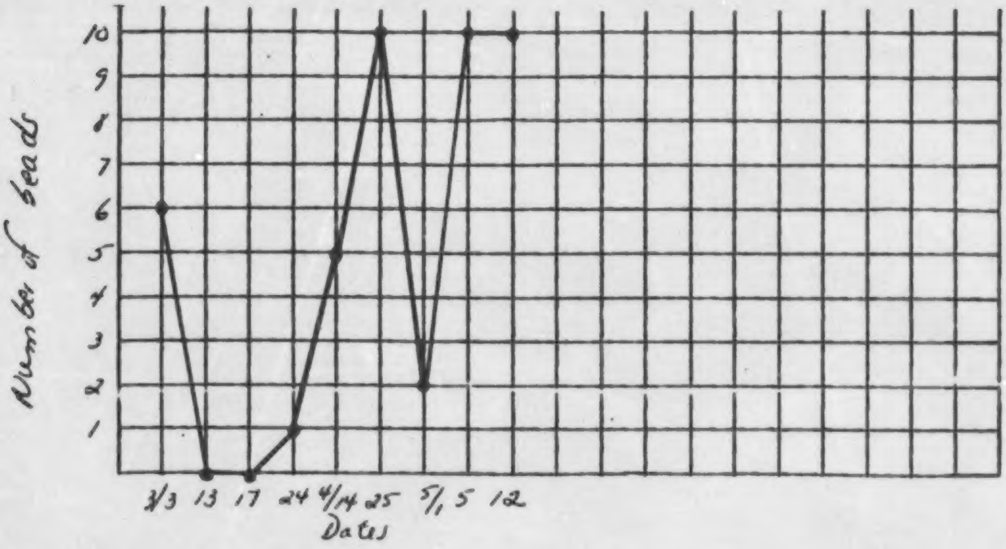


⑧ Strings 5 1" beads independently
Criterion: 5 beads over 2 weeks

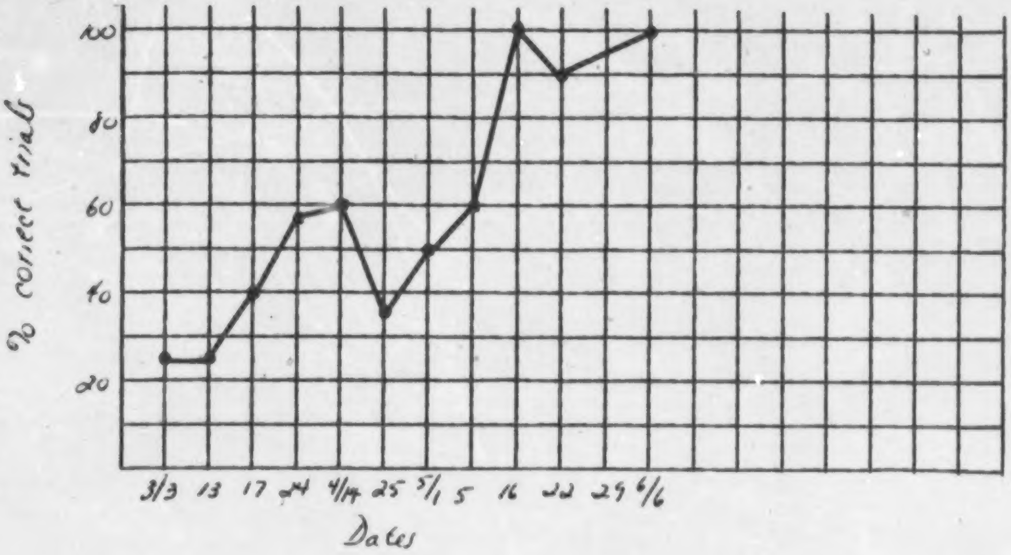


STUDENT 2 (cont.)

⑨ Strings 10 ½" beads independently
Criterion: 10 beads, over 2 weeks



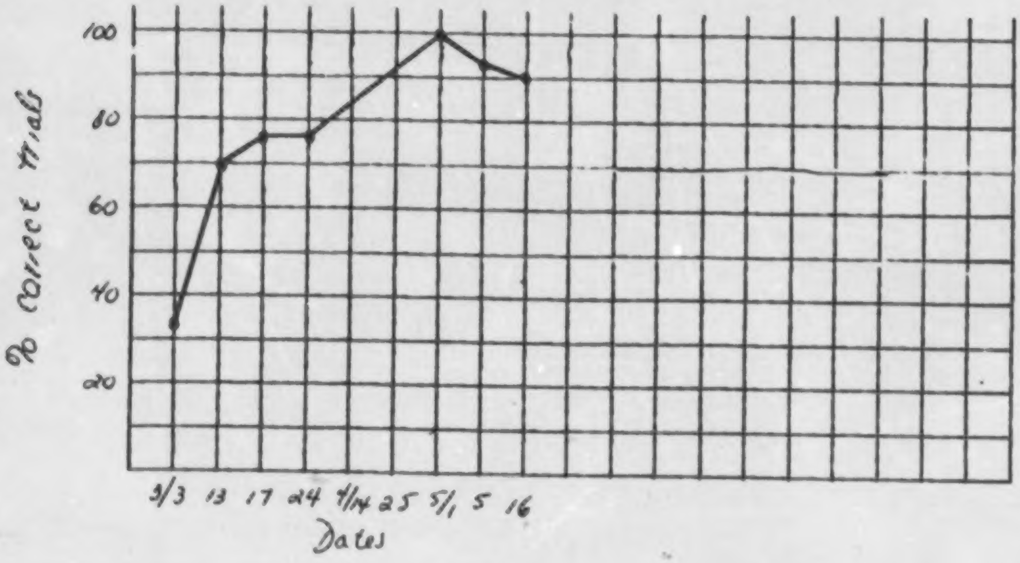
⑩ Imitates drawing O and +
Criterion: Acceptable imitation, 90% of trials or better, over 3 wks.



STUDENT 2 (cont.)

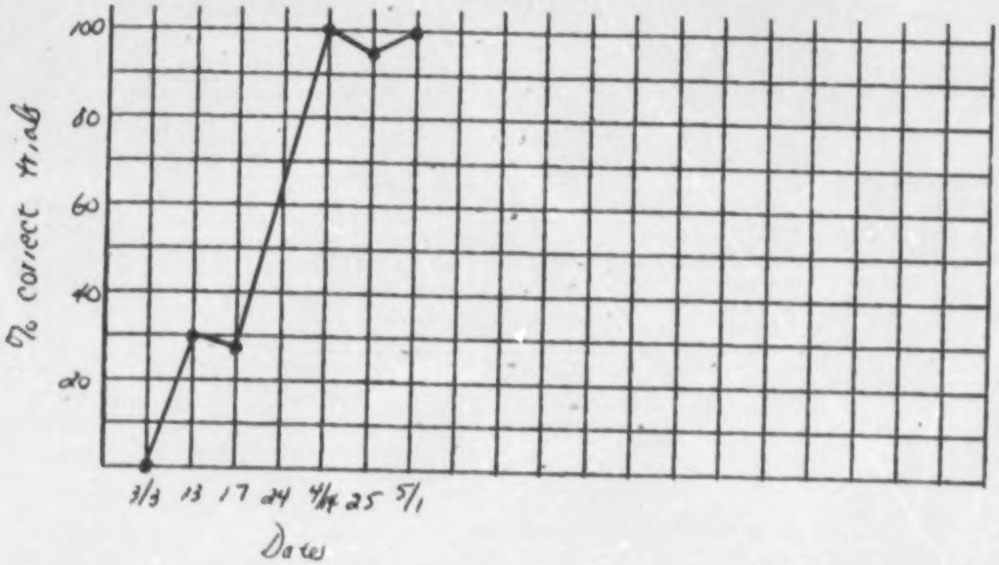
⑪ Identifies parts of objects

Criterion: 90% or better over 3 weeks



⑫ Joins halves of cut-outs

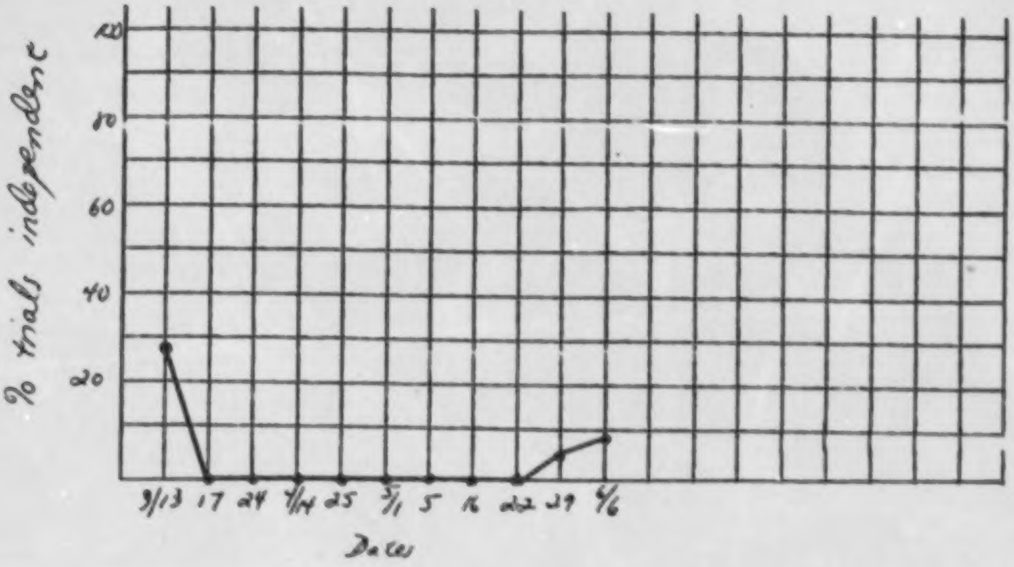
Criterion: 90% or better over 3 weeks



60

STUDENT 2 (cont.)

⑬ Unbuttons 1 large button independently
Criterion: 100% of trials over 2 weeks



the many different goals established for each infant. However, when we attempted to select "unprogrammed goals" across which to collect extended baselines, it was difficult to choose behaviors which we felt would not be confounded by: (a) the apparent interaction of related skills; (b) the physical disabilities of many of our babies; and (c) maturation.

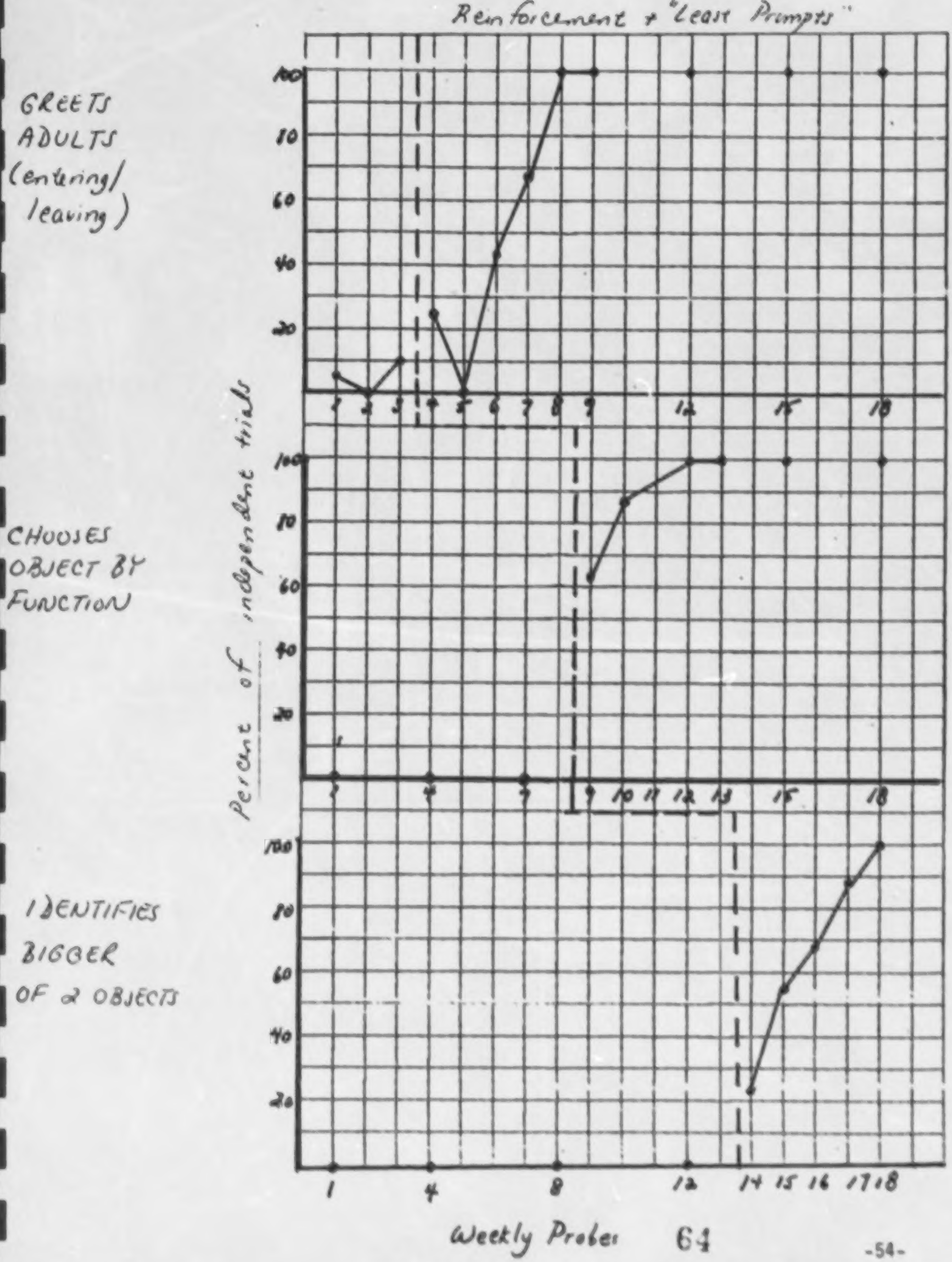
2) It has been difficult to collect "unconfounded" baselines, particularly the extended baselines required of the behaviors later in the multiple baseline sequence (e.g., those on which intervention is withheld until change is demonstrated in the first behavior(s) treated). Again, we have collected data on many "unprogrammed goals" prior to formally intervening. However, we have noted two related occurrences. First, the "unprogrammed" objective(s) should be potentially as equally attainable at the present time as is the targeted "programmed" objective. Assuming this is the case, we found that once identified, the objective became a targeted one - not necessarily of staff, but frequently of parents. In addition, even if the skill was not directly targeted by staff or parents, we found that change apparently occurred in some cases due to maturation and/or the interrelatedness of the skill with other skills being learned. This "clustering" step-wise manner of skill acquisition is, as we know, not uncommon as documented in the nonhandicapped infant population.

A second occurrence which is related to the difficulty in collecting extended baselines is our relatively wide use of the "least prompts" procedure described earlier. If least prompts assessment is used from the outset, it is quite possible that learning may occur from Day 1 on. As unassisted (probe) trial is built into any "least-prompted" step or task. However, once the child does not perform the behavior independently, the trainer provides the next least intrusive level of assistance to see if the behavior occurs; the entire hierarchy of designed prompts may be used, if the child fails to perform with the lesser levels of aid. In reality, these levels of prompts are assists that are likely to teach the child, since repeated practice occurs with specified help from the trainer. Extended baselines with "least prompts" assessment have, in our experience, had significant positive impact on skill acquisition.

3) One other problem we have had in broadly applying multiple baseline designs within our data-based instructional framework is that our "treatment packages" typically vary across target objectives. In other words, it is rare that a standard intervention be applied across several of an infant's goals.

The following graphs illustrate some of our more successful attempts at using multiple baseline evaluation across targeted behaviors. In each case, the intervention consisted of the use of reinforcement individualized per child and task plus appropriate application of a "least prompts" training strategy to the behavior. Criteria varied somewhat across students, but all fell within the 80% - 100% range, demonstrated over two consecutive weekly data points.

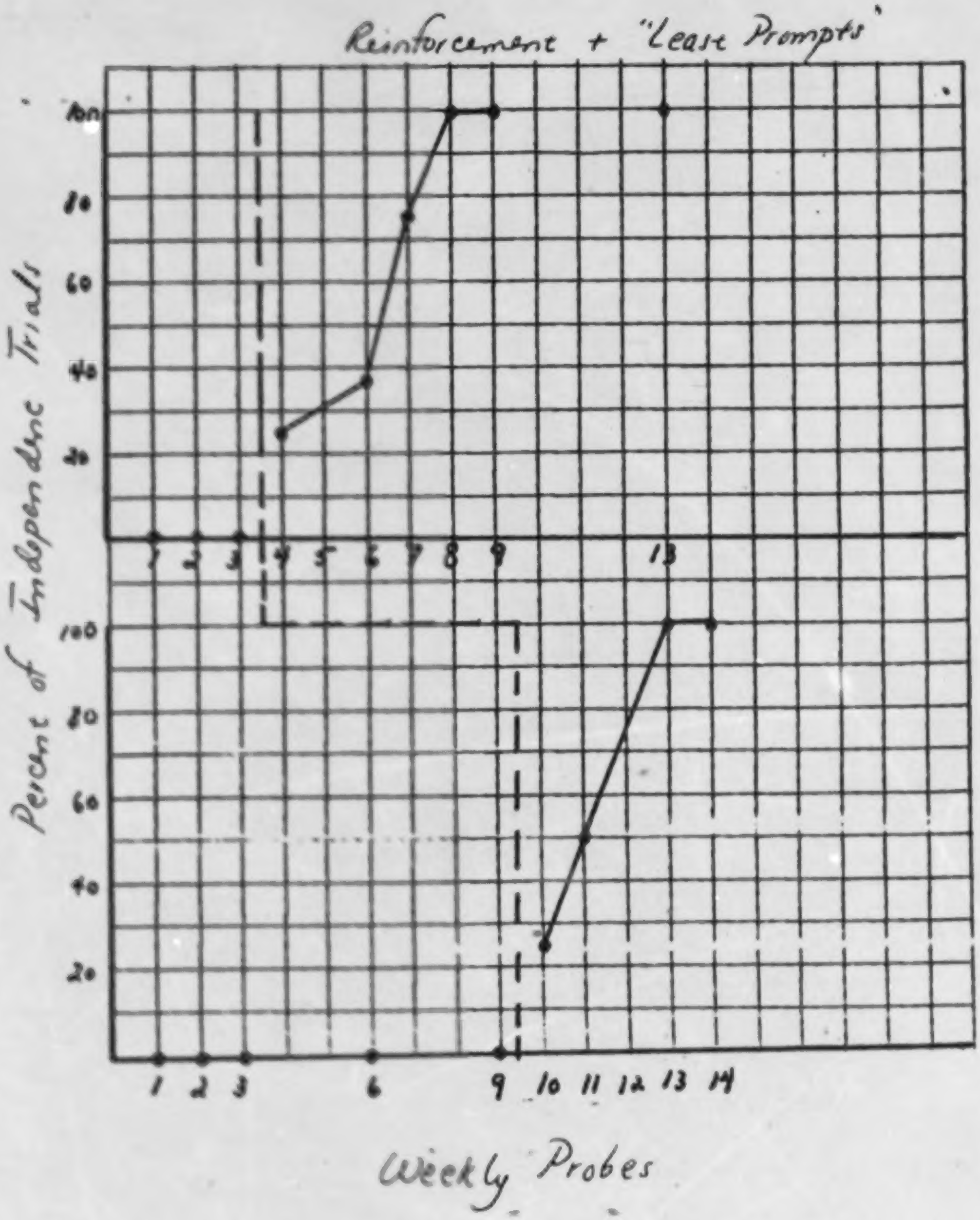
STUDENT 3 (A.B.)


Reinforcement + "Least Prompts"
GREETS ADULTS (entering/leaving)
CHOOSES OBJECT BY FUNCTION
IDENTIFIES BIGGER OF 2 OBJECTS
Percent of independent trials
100
80
60
40
20
1 2 3 4 5 6 7 8 9 12 15 18
1 4 7 9 10 11 12 13 15 18
1 4 8 12 14 15 16 17 18
Weekly Probes

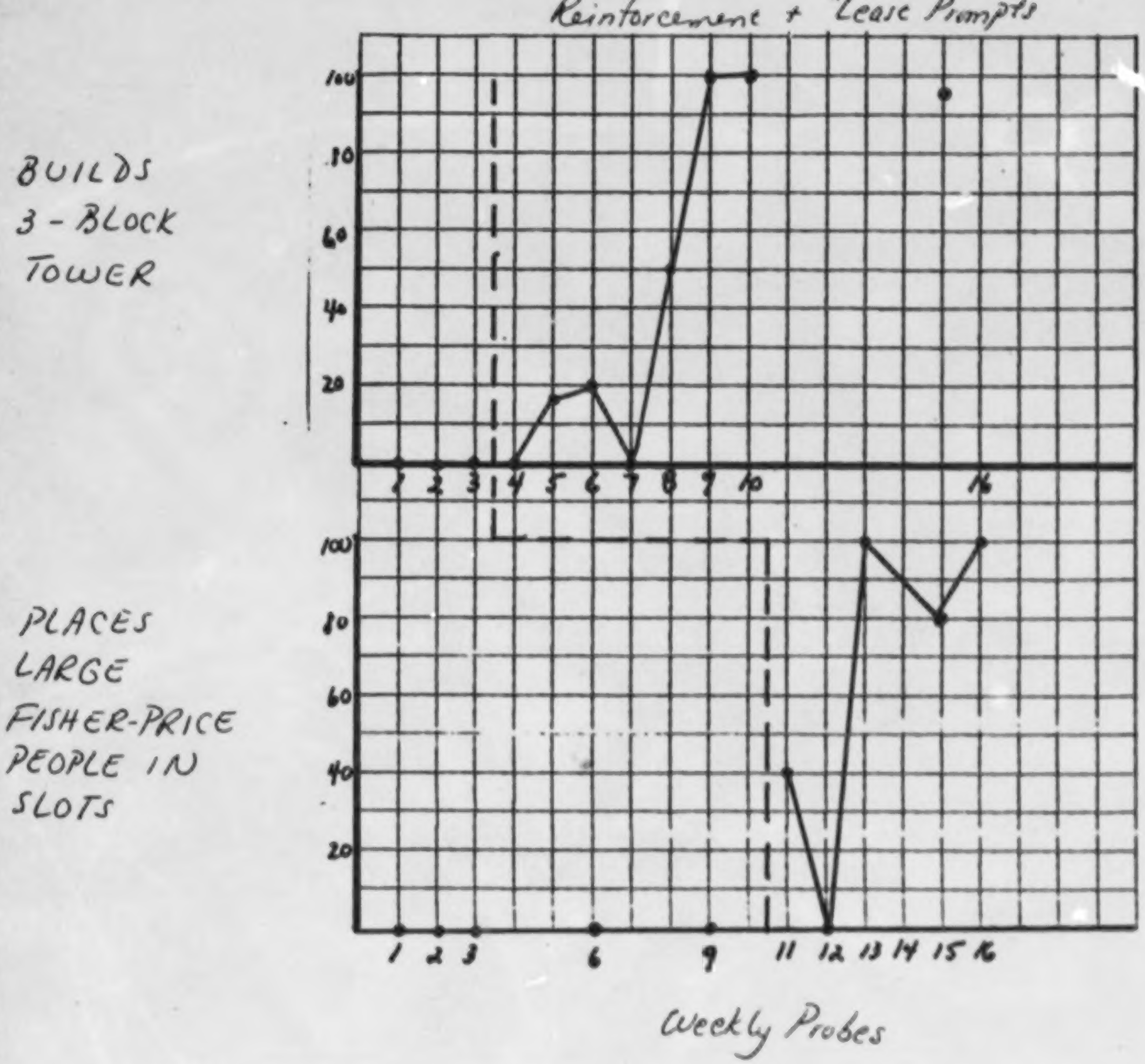
STUDENT 4 (B. K.)

PICKS RED FROM RED/YELLOW OBJECTS

FOLLOWS DIRECTIONS N/ON/UNDER

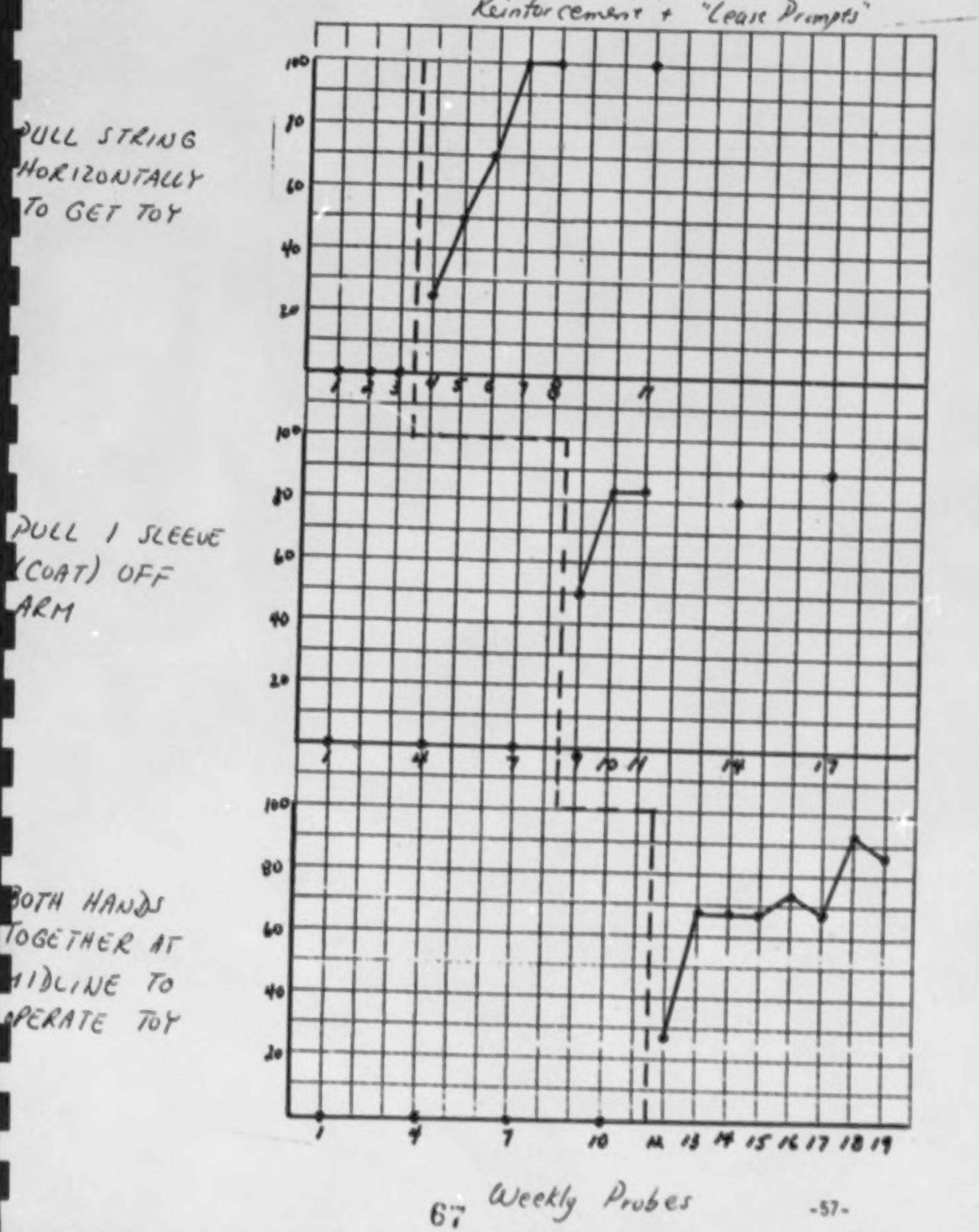


STUDENT 5 (M.B.)



Reinforcement + "Lease Prompts"
BUILDS 3-BLOCK TOWER
100
80
60
40
20
1 2 3 4 5 6 7 8 9 10 16
PLACES LARGE FISHER-PRICE PEOPLE IN SLOTS
100
80
60
40
20
1 2 3 6 9 11 12 13 14 15 16
Weekly Probes

STUDENT 6 (T.H.)


Reinforcement + "Lease Prompts"
PULL STRING HORIZONTALLY TO GET TOY
100
80
60
40
20
1 2 3 4 5 6 7 8 11
PULL 1 SLEEVE (COAT) OFF ARM
100
80
60
40
20
1 4 7 9 10 11 14 17
BOTH HANDS TOGETHER AT MIDLINE TO OPERATE TOY
100
80
60
40
20
1 4 7 10 12 13 14 15 16 17 18 19
Weekly Probes

## Bayley Change Data

As mentioned previously, pre-post data on instruments such as the Bayley Scales provide a summative comparison as it relates to child change on developmental milestones determined from non-handicapped norms.

To perform this comparison, the Bayley Scales items were divided into the following clusters: Gross Motor, Fine Motor, Cognitive, Language, and Social/Emotional. Change over the program year was analyzed by using a one-tailed Sign Test to compare pre and post cluster scores. The research hypothesis was that the median of the differences is positive for each cluster. The table below summarizes the tests performed.

Table 4: Summary Table of Sign Test Pre-Post Comparison of Bayley Clusters

| Bayley Cluster | Number Showing Positive Change | Number Showing Negative Change | Number Showing No Change | ◆ | Probability |
|---|---|---|---|---|---|
| Gross Motor | 33 | 3 | 5 | 4.61 | <.00003 |
| Fine Motor | 20 | 3 | 18 | | <.001* |
| Cognitive | 37 | 4 | 0 | 5 | <.00003 |
| Language | 31 | 5 | 4 | 4.17 | <.00003 |
| Social-Emotional | 8 | 3 | 30 | | =.113* |
| Totals | 129 | 18 | 57 | | |

*◆ is not calculated for Ns less than 25 (where N = number of scores showing change).

These data support the contention that positive changes in infants took place over the program year. They, of course, do not control for maturation or a number of competing influences so it cannot be said that these data prove that the noted positive outcomes necessarily resulted from program intervention.

## IEP Related Data

Each participant's IEP was examined first to determine the total number of long-term goals and short term objectives entered when the IEP was developed and then at the year's end to count how many of those objectives were attained.

Table 5: IEP Data Sources

| | Toddler | Infant | Total |
|---|---|---|---|
| Inattendance | 16 | 48 | 64 |
| IEP not usable* | -1 | -16 | |
| Unable to locate IEP | -1 | -2 | |
| IEP Transfer to Toddler | +6 | -6 | |
| | 20 | 24 | 44 |

*Because the infant has been so recently enrolled the IEP is either not yet developed or so recently developed that programming effects are not sufficient to use here.

For this analysis 44 program participants were identified who had attended sufficiently long and whose IEPs were available and complete. (See Table 3)

Because their programming differs somewhat, younger non-ambulatory students are identified here as "infants" and older, ambulatory students are called "toddlers". To present a somewhat clear picture, objectives are classified as gross motor, fine motor, cognitive, language, social/emotional and self-help. These categories, with the exception of 'self-help' are the same as the Bayley clusters.

Table 6: IEP Objectives Programmed (P) and Achieved (A)

| | Gross Motor | | Fine Motor | | Cognitive | | Language | | Social/ Emotional | | Self-Help | | Totals | | Per- cen |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | P | A | P | A | P | A | P | A | P | A | P | A | P | A | |
| Infants (N = 24) | 292 | 120 | 136 | 98 | 106 | 42 | 119 | 66 | 47 | 30 | 22 | 16 | 722 | 372 | 52 |
| Toddlers (N = 20) | 106 | 81 | 108 | 73 | 143 | 92 | 101 | 69 | 45 | 32 | 42 | 26 | 545 | 378 | 68 |
| Total | 398 | 201 | 244 | 171 | 249 | 134 | 220 | 135 | 92 | 62 | 64 | 42 | 1267 | 745 | 59 |

A summary of IEP objectives programmed and achieved is presented in Table 6. Infants averaged approximately 30 objectives per IEP and achieved about 16 of them while the toddlers averaged 27 objectives per IEP and achieved about 19 of them. The percentage of achieved objectives was higher for toddlers than it was for the younger infants. Overall, nearly 60% of all established IEP objectives were attained over the program year.

## Evaluation of Family Progress - Center Program

### Pre/Post Comparisons

Pre/post comparisons of family members (parents) were made to analyze change in knowledge of normal and exceptional child development, effective parenting practices, positive family-child interactions and attitude toward caring for and maintaining a handicapped child in the family. To do this a project developed instrument was administered upon entry into the program and upon exit from the intensive phase or the program itself whichever came first. The results of these analyses are presented below. In each instance a one-tailed test of significance was performed using a Wilcoxon Matched-Pairs Signed-Ranks Test. The research hypothesis tested was that the sum of the positive ranks was greater than the sum of the negative ranks.

Table 7: Knowledge of Normal and Exceptional Child Development (N = 19)

| Pre Md | Post Md | T | Level of Significance |
|---|---|---|---|
| 15.5 | 17 | 13.5 | less than .005 |

Of the population studied, 3 made no change, 3 had post scores one point lower than the pre score and 16 showed an increase. The largest increase, however, was 4 points and the majority showed gains of 1 or 2 points. This is reflected in the small increase between the pre and post medians (15.5 and 17) which while significant is not considered by us to reflect a meaningful gain.

Table 8: Attitude and Coping Skills (N = 18)

| Pre Md | Post Md | T | Level of Significance |
|---|---|---|---|
| 118.5 | 131 | 17.5 | less than .005 |

While meaningful gains in knowledge (see above) were not demonstrated, change in attitude looked to be highly positive. Of the 18 subjects, only

3 showed movement in a negative direction over time while 15 demonstrated positive movement. Over half of the positive gains were greater than 10 points.

Table 9: Effective Parenting Practices (N = 19)

| Pre Md | Post Md | T | Level of significance |
|---|---|---|---|
| 97 | 104 | 22.5 | less than .005 |

Fifteen of the 19 subjects studied showed gains in parenting practice - and 11 of those were gains of 10 points or more. While formal statistical comparisons have not been made it should be noted that each of the three subjects showing a more negative attitude demonstrated gains in parenting practice. Also, each of the four subjects who showed losses in parenting practice demonstrated gains on the attitude scale.

Table 10:Positive Family - Child Interactions (N = 19)

| Pre Md | Post Md | T | Level of significance |
|---|---|---|---|
| 57 | 71 | 13 | less than .005 |

The measure of family-child interaction showed very positive gains with 15 of the 19 subjects showing positive movements. Thirteen of the 15 showed 10 or more point gains. Comparing subjects change over areas studied showed no consistent pattern.

Overall these data are consistent with the informal feedback we received from participating families and from others familiar with the program. For the vast majority of participants, the project has provided programming that results in positive gains for a population greatly in need of help.

## Informal Data

We asked that an informal record be kept of the things overheard, of direct statements, of any informal indications that the staff felt good about and that they felt were helpful things.

Below is a summary of that effort.

- Informal visits - not teaching - at home with family who have a newborn handicapped child.
- Visiting the hospital when a child is critically ill.
- Staff and parent attending memorial services and spending time with parents upon their child's death. Maintaining contact via phone, mail and visits.
- Veteran parents meeting with new parents.
- Parents of an older child helping parents of younger children cope with problems.
- Fathers becoming friends with other fathers of handicapped children.
- Meeting during non-traditional hours, having them available.
- Parents getting involved making demonstrations, leading discussions, becoming a spokesperson in the community.
- Accepting each others children, becoming a babysitter for each other.
- Accepting handicapped foster children.
- Initiating and continuing self-education.
- Actively seeking help, gathering information, becoming sophisticated about resources.
- Seeking counseling, being able to talk with each other and others about their child and about themselves.
- Planning, doing something to make a change.

## Attendance

Population movement. Table 11 depicts movement into and out of the program over the last school year. The problem it portrays is the instability of the population being served. Unlike regular school programs you do not begin the year with the population largely intact. You can expect nearly constant change.

Table 11: Movement Into and Out of the Program

| Month | Number Screened | Number Accepted | Number on Waiting List | Number Programming Initiated | Number Referred Elsewhere | Number Transferred Internally | Number Exited Program |
|---|---|---|---|---|---|---|---|
| Sept. | 5 | 1 |  | 1 | 4 |  |  |
| Oct. | 5 | 4 |  | 4 | 1 | 1 |  |
| Nov. | 5 | 5 |  | 5 |  |  |  |
| Dec. | 6 | 4 |  | 4 | 2 | 2 | 1 |
| Jan. | 7 | 4 |  | 4 | 3 | 5 | 2 |
| Feb. | 1 | 1 |  | 1 |  | 3 |  |
| Mar. | 3 | 1 | 1 | 1 | 1 |  | 2 |
| Apr. | 1 |  |  |  | 1 |  | 2 |
| May | 2 | 2 |  | 2 |  |  | 1 |
| June | 3 | 3 |  | 3 |  | 1 |  |

Family Participation. For this program an important goal was to involve the entire family in the infants program and thereby to help the family itself become a more effective unit of caregiving and teaching. In practice this translated into a concerted effort to involve fathers in addition to mothers. The below three tables depict the result of that effort in terms of attendance during classroom sessions and during special meetings.

Table 12 depicts participation at the Center during regularly scheduled teaching two-hour appointments. The infant and toddler results are depicted separately because they involve different levels of expected on-site participation. Much more is expected at the infant level.

Table 12 Who Accompanied the Infants to the Classroom Program

|  | Total Classroom Appoint-Ments Kept | Mother Attendance |  | Father Attendance |  | Sibling Attendance |  | Others Attendance |  |
|---|---|---|---|---|---|---|---|---|---|
|  |  | N | %* | N | % | N | % | N | % |
| Infants | 1453 | 1377 | 95 | 287 | 22** | 325 | 22 | 44 | 3 |
| Toddlers | 1333 | 331 | 25 | 13 | 1 | 41 | 12 | 40 | 12 |
| Total | 2786 | 1708 | 61 | 280 | 10 | 366 | 13 | 84 | 3 |

Table - continued

*For infants, the percentage total is more than 100 because more than one person often accompanied the infant. For toddlers the percentage total is less than 100 because others often were not required to remain with the child. This effect can be seen also in the total . percentages.

**This percentage accounts for five families where a father is not present.

Obviously mothers are the primary family member in attendance. Fathers, nonetheless, attended over one-fifth of the infants sessions, typically with the mother. If there were siblings in the family, they also typically attended when the mother and father did. Thus, we often in fact did have a family unit in attendance.

Father attendance is looked at in another way in Table 13 which shows that a large portion of the fathers attended at least once. The decline in the third and fourth quarters is important to note. During the third quarter we lost the staff member most heavily involved in non-traditional hours programming and were unable to replace her during the fourth quarter. We believe the noted decline is a result of the decrease in non-traditional hours available for father attendance. The importance of this program option is highlighted.

Table 13: Father Classroom Participation

| | 1st quarter | 2nd quarter | 3rd quarter | 4th quarter |
|---|---|---|---|---|
| # Families enrolled | 22 | 31 | 25 | 27 |
| # Families with fathers | 20 | 27 | 23 | 24 |
| # Families where fathers participated at least once in classroom programming | 17 | 24 | 16 | 9 |
| Percent of Father Participation | 85 | 89 | 70 | 38 |

Table 14 summarizes attendance at 27 special meetings held over the year. The meetings covered a variety of topics which were attended according to interest. Twelve of the meetings were scheduled during non-traditional hours and 15 were scheduled during the regular school day. The important point for us in that when we held meetings at non-school hour times, over half those in attendance were the mother/father unit and even a few fathers came by themselves. The contrast with school-hour scheduling is vivid and highlights again the need to break away from traditional programming hours for this population.

Table 1 4: Attendance at Scheduled Meetings

| | Mother Only | | Father Only | | Mother & Father | |
|---|---|---|---|---|---|---|
| | N | % | N | % | N | % |
| Regular School Hours | 111 | 95 | 0 | 0 | 6 | 5 |
| Non-Traditional Hours | 39 | 38 | 6 | 6 | 59 | 57 |
| Total | 150 | 68 | 6 | 3 | 65 | 29 |

## Specialized Family Program

Documentation. Contact sheets, logging all program activities of the workers, provide the major documentation of program implementation. Over two years the following mean service delivery hours per week were recorded.

Table 15: Mean Service Delivery Hours Per Week

| Activity | Hours Per Week |
|---|---|
| Each worker per week | 19.6 |
| Time per family each (Direct service, planning, advocacy, record keeping) | 12.2 |
| Direct contact hours per family | 6.05 |
| Direct contact in families' homes | 4.80 |
| Staff training groups | 3.00 |
| Individual staff supervision | 1.60 |

The model was indeed implemented as planned.

Satisfaction. The Program Coordinator conducted intake and followup interviews with all 30 families and coded results into categories as summarized below in Table 16.

Table 16: Family Responses to Programming (N=30)

| Item | Unconditional Positive Response | Conditional Positive Response | Negative Response |
|---|---|---|---|
| The worker (general) | 27 | 3 | 0 |
| Worker's teaching effectiveness | 19 | 10 | 1 |
| Worker's dedication to the family | 28 | 1 | 1 |
| Worker's advocacy effectiveness | 20 | 7 | 3 |
| Home Visits | 29 | 1 | 0 |
| Program activities outside home | 15 | 10 | 5 |
| Effectiveness in helping with child rearing skills, problems | 21 | 7 | 2 |
| Effectiveness in helping with home management skills, problems | 23 | 4 | 3 |

Table 16 (Con't)

| Items | Unconditional Positive Response | Conditional Positive Response | Negative Response |
|---|---|---|---|
| Effectiveness helping with community survival skills, problems | 16 | 8 | 6 |
| Overall outcome satisfaction (Based on goals in Family Plan) | 9 | 16 | 5 |

Change. Over two years, 160 intervention plans (i.e., objectives) were programmed across 30 families with a range of 1 to 12 within a family. The following table summarizes outcome according to curricular domain.

Table 17: Summary of Progress on Family Objectives

| Domain | | Criterion Met | Progress, but Not Criterion | No Progress |
|---|---|---|---|---|
| Total number objectives programmed | | | | |
| Child care and management | - 82 | 52 | 20 | 10 |
| Community management | - 33 | 25 | 4 | 4 |
| Home Management | - 45 | 27 | 11 | 7 |
| Total | 160 | 104 | 35 | 21 |

Multiple Baseline Analyses. An effort was made to complete at least one within-subject experiment on various objectives through the multiple baseline design. The designs were used in Year Two exclusively for objectives which had identical training procedures. This was the case for 12 of the 18 families. It was possible to demonstrate some experimental control with nine of these 12 families and provide direct evidence that change was linked to SFP intervention. Thus, including Year One, multiple baseline analyses were completed with 21 of the 30 participating families. Table 6 summarizes the objective subject to experimental intervention.

Table 19: Summary of Changes Experimentally Controlled

| Objective | No. of Families |
|---|---|
| Managing a variety of child problem behaviors (Multiple baseline across child behaviors) | 12 |
| Housecleaning (Multiple baseline across sub-tasks) | 4 |
| Money Management (Multiple baseline across sub-tasks) | 2 |
| Shopping (Multiple baseline across sub-tasks) | 2 |
| Making Appointments (Multiple baseline across various types of appointments: e.g., doctor, welfare, school, etc.) | 1 |
|  | 21 - TOTAL |

Change According to Content Objectives

Child Growth. Bayley scores were available on twenty-four infants. Scores were not significantly different in trend from the large population assessed in the Family/Infant Program.

Child Health. Of 11 infants described as having serious health concerns at referral (including seven who had been hospitalized for failure-to-thrive), 10 were in good stable health at last check-up. One baby died after six week of hospitalization.

Of the four babies born while parents were SFP clients (for older child-related referrals), none were considered to have health problems or birth-related injuries.

Children Remain with Family. The following table summarizes child placement data.

Table 19:Summary of Child Placement Data

| | |
|---|---|
| Families with history of child placement | 21 Of 30 |
| Of these 21 families, number whose children had been returned by the initiation of SFP involvement. | 16 |
| Of the 5 who still had a child placed at time of Program involvement, number who had children removed. | 5 |
| Number of families whose child was placed while SFP client | 3 |
| Out of 30, number of fully intact families in June, 1980. | 27 |

## Western New York Programming for Handicapped Children from Birth to Three Years

When our program began there were only two educational programs that formally served the birth to three year population of handicapped children in the six counties of Western New York. Today there are 16 programs serving somewhere between 220 and 250 children. All but one of the new programs visited this program, talked with us, looked at our materials, and took a lot home with them.

Today these program take many forms and serve a wide variety of children. One of them replicated our effort. The others have told us informally that our efforts helped them. We have, however, have no formal data regarding effects.

# APPENDIX A

## Family Intake and Evaluation Procedures

Family Orientation Notebook
Father Planning Questionnaire
Sibling Participation Questionnaire
Parent/Family Task Sheet
Father/Infant Record Sheet
Early Child Care Attitude Scale
Parent Knowledge of Infant Development
Self-Assessment Scale: Caretaking and Infant Responsiveness
Program Planning Form
Sample Occupational Therapy Assessment
Release of Information Forms

CANTALICIAN CENTER FOR LEARNING
3233 MAIN STREET BUFFALO, NEW YORK 14214
FAMILY - INFANT PROGRAM

## FATHER'S PARTICIPATION PROGRAM 1980 - 81

CHILD'S NAME: ________________________________

### Father Participation

Our belief in the Family Infant Program is that a child's parents and family are his/her best teachers. By working cooperatively with trained professionals, parents can gain new insights and skills that will assist in their child's total development.

This year we are again encouraging fathers or any other family members (grandparents, cousins, etc.) to participate in a variety of programmed activities. We welcome their ideas and their support to make this year's Dad's Program as successful as last year's.

Fathers are required to attend at least four (4) Center based meetings, two (2) of which will be teaching sessions, and two (2) of which will be special "Dad's Days". During the pre-arranged teaching sessions, Dads will have an opportunity to play with their child at the Center. Developmental learning suggestions will be offered by a teacher familiar with the infant's individualized curriculum. These sessions are scheduled at the Dad's convenience, including the evening hours of 6:00 - 9:00 P.M., Monday through Friday, and Saturday mornings or afternoons. "Dad's Days" are special Saturdays when fathers and infants join together for various gym programs or other requested activities.

Please indicate the four (4) months of the year when you will attend special father-infant programs. One (1) teaching session, and one Dad's Day must be selected per semester. Dad's Days will be scheduled on the first Saturday of the months of October, December, February and April.

| 1st Semester | 2nd Semester |
|---|---|
| Sept. ________ | Jan. ________ |
| Oct. ________ | Feb. ________ |
| Nov. ________ | Mar. ________ |
| Dec. ________ | Apr. ________ |
| | May ________ |

Please indicate the best time for you to attend special father-infant teaching sessions:

__________ During my child's regular day schedule.
__________ Non-traditional school hours.

Monday evening ________; Tuesday evening ________; Wednesday evening ____;
Thursday evening ______; Friday evening _____; Saturday morning _____;
Saturday afternoon ________.

__________ I would like to be scheduled with another father and infant.

Sessions will be scheduled two (2) weeks in advance.

________________________________
Father's Signature

__________
Date

CANTALICIAN CENTER
3233 MAIN STREET
BUFFALO, NEW YORK 14214

## SIBLING PARTICIPATION PROGRAM 1980-1981

CHILD'S NAME:______________________________

Dear Families:

Last year the Family Infant Porgram scheduled a "Siblings Day", when sisters, brothers, relatives, and/or babysitters came to the Center to see what our children actually "do" in school. This was a way of welcoming and including them in the lives of our children. The families were able to see the children in a sample teaching session, and also participated in songs and exercises.

This year we would like to offer the same opportunity to provide four enjoyable times during the year when brothers and sisters are treated as our guests for the day.

Please indicate whether you are interested in this program and which month(s) would be most convenient.

__________ We are interested in attending sibling day(s).

__________ We are not interested.

__________ Number of brothers/sisters/relatives who may attend.

Sibling Days will be scheduled for the first Saturday of the month.

______Nov. ______Jan.______Mar.______May

Looking forward to seeing you then.

Karen Schwabish

30 TEACHING SESSIONS
6-10 WEEKS
(Dependent upon daily schedule and rate of absence)
30 PARENT-FAMILY TASKS

___ Intake Interview
___ Infant Assessment
___ Checklist Development
___ IEP Development
___ Package Distribution for Parents
___ Parent Questionnaires
    ___ Meetings
    ___ Expectations-Child
    ___ Expectations-Parent
    ___ Knowledge
    ___ Caretaking
    ___ Attitudes
    ___ Coping

___ Parent to Parent Conference
___ Orientation Conference Review
___ IFP

| FATHER PARTICIPATION | SUNDAY ACTIVITIES | SPECIAL EVENTS |
|---|---|---|
| | ___ | ___ |
| ___ | ___ | ___ |
| ___ | ___ | ___ |
| ___ | ___ | ___ |
| ___ | ___ | ___ |
| ___ | ___ | ___ |
| | ___ | ___ |

| Cerebral Palsy and Physically Handicapped | Down's Syndrome | Developmental Delays | Visual-Hearing Impairments | Genetics |
|---|---|---|---|---|
| ___ | ___ | ___ | ___ | ___ |
| ___ | ___ | ___ | ___ | ___ |
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| ___ | ___ | ___ | ___ | ___ |
| ___ | ___ | ___ | ___ | ___ |

CANTALICIAN CENTER FOR LEARNING
3233 MAIN STREET BUFFALO NEW YORK 14314
FAMILY-INFANT PROGRAM

## FATHER-INFANT TEACHING SESSIONS
79-80

| Child's Name (Dad's name) | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | July | Aug |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | |
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CANTALICIAN CENTER FOR LEARNING
3233 MAIN STREET BUFFALO, NEW YORK 14214
FAMILY-INFANT PROGRAM

## Early Child Care Attitude Scale

Please read each statement and check the term that expresses how you feel about it.

| INFANTS | Completely True | Somewhat | Neither True Nor False | Somewhat False | Completely False |
|---|---|---|---|---|---|
| 1. Parents should play with a new infant. | | | | | |
| 2. Babies whould not have toys in their cribs even soft ones. | | | | | |
| 3. A baby's most important teachers are his/her mother and father. | | | | | |
| 4. Babies are too young to fuss just because they are bored. | | | | | |
| 5. An infant's development and abilities can be changed by what the adults do. | | | | | |
| 6. Brothers, sisters, and family members other than the mother should leave the infant alone even when he/she is awake. | | | | | |
| 7. Some kinds of toys are better for babies than other types of toys. | | | | | |
| 8. Babies cannot understand words until after they begin to talk. | | | | | |
| 9. Parents will be able to tell when their baby is trying to learn a new skill if they watch the baby. | | | | | |
| 10. 8- If the mother and father just relax and give some attention to their baby they won't need to do much else, even when the baby has problems. | | | | | |

| | Completely True | Somewhat False | Neither True Nor False | Somewhat False | Completely False |
|---|---|---|---|---|---|
| 11. A newborn baby ought to be held a lot. | | | | | |
| 12. Fathers should let the mother take care of the baby's needs. | | | | | |
| **13. Sometimes you have to insist that a baby try to do something.** | | | | | |
| **14. Adding words to a baby's babblings is a waste of time.** | | | | | |
| 15. Good baby toys cannot take the place of play with people. | | | | | |
| 16. Fathers don't need to play with the new baby until the baby is older. | | | | | |
| 17. Some babies ought to be taught to reach or to sit up. | | | | | |
| 18. Television can be used for a good part of the day to keep a baby occupied. | | | | | |
| 19. For a baby, playing and learning are the same thing. | | | | | |
| 20. There is little parents can do about how capable their baby is. | | | | | |
| 21. Parents should often times move the awake baby around the house with them. | | | | | |
| 22. Activities such as changing, feeding, and bathing are just boring, no-fun routine for babies. | | | | | |

| | Completely True | Somewhat False | Neither True Nor False | Somewhat False | Completely False |
|---|---|---|---|---|---|
| 23. Fathers and mothers can learn to "read" their baby to understand what the baby wants or needs. | | | | | |
| 24. Mothers are the ones who should take care of the baby, fathers should give in other ways. | | | | | |
| 25. Parents often need to act as teachers to their baby. | | | | | |
| 26. The infant's room should be neat and plain, without toys and pictures around the crib. | | | | | |
| 27. Fathers should help a baby grow in special ways. | | | | | |
| 28. Much of a baby's time awake ought to be spent lying quietly and staring. | | | | | |
| 29. Picture books ought to be used with a baby. | | | | | |
| 30. Playing with a baby will spoil him or her. | | | | | |
| 31. You should begin to teach a baby to be independent; too much babying holds them back. | | | | | |
| 32. Babies with problems should be let alone until they are older. | | | | | |
| 33. Parents should not ignore a baby's fussing; crying is not good for a baby. | | | | | |

| | Completely True | Somewhat False | Neither True Nor False | Somewhat False | Completely False |
|---|---|---|---|---|---|
| 34. The best play objects for babies are usually the expensive kind. | | | | | |
| 35. Babies should be allowed to have their way as much as is tolerable for parents. | | | | | |
| 36. Tenderness and love are all a baby needs. | | | | | |
| 37. People should say the names of some things to babies, even when they are very young. | | | | | |
| 38. Babies need only a "favorite" cuddly toy to play with when they are young. | | | | | |
| 39. Parents should encourage the baby to feed itself even if the baby has some difficulty. | | | | | |
| 40. Parents have enough to deal with; they shouldn't have to worry about teaching the baby as well. | | | | | |
| **TODDLERS** | | | | | |
| 41. Parents should let their baby get into some things around the house. | | | | | |
| 42. Babies who are crawling should be kept confined as much as possible. | | | | | |

| | Completely True | Somewhat False | Neither True Nor False | Somewhat False | Completely False |
|---|---|---|---|---|---|
| 43. You can tell when a baby wants to learn a new word. | | | | | |
| 44. It's important to begin toilet training a baby as early as possible. | | | | | |
| 45. Parents should encourage the toddler when the baby speaks, even if these are unclear early words. | | | | | |
| 46. Even toddlers with problems do better without adults arranging things for them. | | | | | |
| 47. Babies can understand and follow directions before they are actually talking. | | | | | |
| 48. You should scold a toddler the first time he/she says "no-no." | | | | | |
| 49. Parents should re-arrange places in their house so a toddler can move around and explore safely. | | | | | |
| 50. It's not a good idea to give even safe household objects to a baby to play with. | | | | | |
| 51. Active toddlers need new experiences and lots of toy objects to choose from. | | | | | |
| 52. If a toddler is not talking, then he/she is not ready to learn new words. | | | | | |

|  | Completely True | Somewhat | Neither True Nor False | Somewhat False | Completely False |
|---|---|---|---|---|---|
| 53. Different babies learn according to different speeds. |  |  |  |  |  |
| 54. Teaching the toddler rules and right and wrong is the parents most important role. |  |  |  |  |  |
| 55. It's not enough to let nature take its course: parents should manage their baby's development. |  |  |  |  |  |

C. Cataldo
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CANTALICIAN CENTER FOR LEARNING
3233 MAIN STREET BUFFALO, NEW YORK 14214
FAMILY-INFANT PROGRAM

Dear Family Member:

As a participant in the Family-Infant Program you will be asked to supply data for the program evaluators. This information is strictly confidential and your name will not be used in the final report.

Your cooperation is essential to the ongoing program and for future programming efforts. The following questions should be read carefully, then circle the correct answer.

Thank you.

NAME: ______________________________

DATE: ______________________________

1. A number of types of genetic mistakes occurring in the fetus during early stages of pregnancy can be detected by:
   a) EEG
   b) x-ray
   c) heart pulsations
   d) amniocentesis

2. Parents of a developmentally delayed child:
   a) must participate in the educational process of the child.
   b) need ongoing support in the care of the child.
   c) are the child's most natural teachers.
   d) all of the above.

3. When the baby uses his thumb and forefinger for picking up an object, this is called:
   a) palmer grasp.
   b) reflex grasp.
   c) smart
   d) pincer grasp

4. When a child's locomotion consists of his being up on "all fours" he is said to be:
   a) creeping
   b) crawling
   c) walking
   d) flying

5. From a learning point of view, mentally retarded children:
   a) do not really learn
   b) learn, but at a slower rate
   c) learn, but nothing too dificult
   d) none of the above

6. Which of the following maternal infections presents the greatest known direct threat to a fetus?
   a) Syphilis
   b) Pneumonia
   c) Influenza
   d) Chicken Pox

7. Which of the following groups of mothers is at highest risk for producing mentally retarded children?
   a) unwed mothers at all ages
   b) chronically anxious mothers
   c) undernourished mothers
   d) chronically alcoholic mothers

8. Considerable evidence regarding the early growth of intelligence points to the crucial importance during infancy of:
   a) fresh air and exercise
   b) sensory stimulation
   c) marital harmony between the parents
   d) cleanliness in the environment

9. Which of these areas seems to be depressed most significantly by growing up in a large family?

   a) physical growth
   b) memory
   c) verbal abilities
   d) aptitude at performance tests

10. Down's Syndrome:

   a) is associated with very short life expenctancy
   b) is associated with below average IQ's.
   c) cannot be detected through amniocentesis
   d) always causes sterility

11. Birth defects:

   a) are caused in most cases by heredity rather than unfavorable fetal environment
   b) are the result of an unfavorable fetal environment in 80% of the cases
   c) are caused about half by heredity and half by unfavorable fetal environment
   d) none of the above

12. As far as permanent brain damage is concerned, malnutrition during the fetal period and from birth to one year:

   a) may sometimes be corrected by adequate nutrition in later years
   b) has little effect
   c) has permanent effect
   d) is usually reversed during a period of catch-up growth

13. Most doctors now suggest a weight gain for a woman during pregnancy of about:

   a) 25 pounds
   b) 10 pounds
   c) 5 pounds
   d) 35 pounds

14. Immediately after birth:

   a) the bones of the skull are completely fused
   b) the top of the head is soft
   c) most babies are fully alert and stay awake for a while
   d) most babies will cry with tears

15. A typical baby can sit straight, when supported, by approximately:

   a) one month
   b) three months
   c) six months
   d) one year

16. A typical baby can crawl by approximately:

   a) six months
   b) eight months
   c) ten months
   d) twelve months

17. The Bayley Scales:

   a) measure sensory perception, motor skills and some language items
   b) predict performance on IQ tests given later in childhood
   c) measures developmental age
   d) "a" and "c" but not "b"

18. The ability to say individual words usually begins in children at about the age of:

    a) twelve weeks
    b) six months
    c) one year
    d) two years

19. Recent research indicates that:

    a) babies smile most when they are with others
    b) babies smile most when they are alone
    c) whether they are alone or with others, there is no difference in how much babies smile.
    d) none of the above.

20. Current research appears to indicate that:

    a) attachment to the fathers by their infants is rare
    b) babies will become attached to both mother and father
    c) attachment to the mother appears to be an innate characteristic of all infants
    d) infants will not become attached to parents until thirty months of age

21. One of the most important factors in the pattern of caretaking appears to be:

    a) the specific rearing practices used
    b) the quality of the interaction between child and caretaker
    c) that the biological mother is the caregiver
    d) tha actual amount of time spent with the infant

22. Your child has just shown a successful experience in toilet training. As a reward for good behavior you would give her:

    a) potato chip
    b) soda pop
    c) praise
    d) a new toy

23. Which of the following are rare among children with Down's Syndrome?

    a) moderate to severe mental retardation
    b) congenital heart disorders
    c) average to above average height
    d) susceptibility to respiratory infection

24. The Apgar Score is used to"

    a) assess the overall condition of the newborn shortly after birth
    b) identify which state the newborn is in
    c) test the strength of the newborn's reflexes
    d) record the behavior of the baby in terms of neurological performance

25. In dealing with a crying baby the most soothing effects are obtained by:

    a) giving the baby a pacifier
    b) rocking the baby
    c) holding the baby to the shoulder
    d) "b" and "c" but not "a"

CANTALICIAN CENTER FOR LEARNING
3233 MAIN STREET, BUFFALO, NEW YORK 14214

## FAMILY-INFANT PROGRAM

Dear Family Member:

As part of your participation in the Family-Infant Program, we request that you complete this questionnaire. The questions relate to your caretaking practices and your infant's response to people and surroundings. Since not all questions may apply to the stage of development of your infant, answer only those questions appropriate to your particular situation.

This report will be strictly confidential and neither your name or that of your infant will be used in the final data tally.

Thank you

**INSTRUCTIONS**

Driving Skill

1 2 3 4 5 6 7 8 9

Extremely Poor Average Extremely Good

This is an example of a rating scale. At one end of the scale are extremely good drivers (9), at the other end are extremely poor drivers (1). Number (5) represents the rating of the average driver. A person above average in driving skills would be rated as number 6, 7, 8 or 9. A person below average in driving skills would be rated as 4, 3, 2 or 1 depending on the level of skills.

Where would you rate yourself on the scale? Mark the scale with an N. The N stands for driving skills "now".

Now you will be asked to rate some other things. Some related to your infant's abilities and some to your own parenting practices. Please mark those questions not applicable to your situation with a NA.

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## PART I - CARETAKING PRACTICES

1) Responses to Infant's Acquiring New Skills

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Very Negative or no response | | | | Average | | | | Very Positive or Many Responses |

2) Awareness of Infant's Temperament and Personality

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Unaware | | | | Average | | | | Very aware |

3) Responses (both verbal and non verbal) to Infant's Vocalization

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Very Negative or no response | | | | Average | | | | Very positive or Many Responses |

4) Facial Response or Expressiveness to Infant's Facial Expressions

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| No expressions | | | | Average | | | | Highly Expressive |

5) Makes Home Safe for Infant (Awareness of Safety)

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Unaware | | | | Average | | | | Very Aware |

6) Gives Opportunity to Child to Independently Explore Surrounds (Encourages Curiosity)

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Never | | | | Average | | | | Always |

7) Uses Praise for Positive Behavior

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Never | | | | Average | | | | Always |

8) Matches Infant's Readiness with Ability

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Unable to Match | | | | Average | | | | Very Able to Match |

9) Responds to child's toleration or mood for particular activity

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Never | | | | Average | | | | Always |

10) Engages in Frolic Play with Infant

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Very little | | | | Average | | | | Very much |

11) Encourages others to interact with Infant

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Very Discouraging | | | | Average | | | | Very Encouraging |

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12) Skillful in Appropriate physical handling of Infant

1 2 3 4 5 6 7 8 9

Awkward Average Skillful

3) Provides Play Situations or Games in which Infant must Achieve a Specific Goal

1 2 3 4 5 6 7 8 9

Never Average Always

4) Gives Infant enough time to examine and manipulate toys and objects

1 2 3 4 5 6 7 8 9

Never Average Always

## PART II - INFANT'S RESPONSES TO PEOPLE AND SURROUNDINGS

5) Mood

1 2 3 4 5 6 7 8 9

Very unhappy Average Very Cheerful

16) Curiosity in Other People or Objects

1 2 3 4 5 6 7 8 9

Not at all Curious Average Very Curious

7) Activity Level

1 2 3 4 5 6 7 8 9

Very Inactive Average Very Active

8) Affection

1 2 3 4 5 6 7 8 9

Not at all Affectionate Average Very Affectionate

19) Language Imitation

1 2 3 4 5 6 7 8 9

Not at all Imitative Average Very Imitative

0) Vocalizations

1 2 3 4 5 6 7 8 9

Not at all vocal Average Very Vocal

1) Use of Vocalizations to gain Attention and/or indicate need

1 2 3 4 5 6 7 8 9

Unable to use Average Able to use

22) Control of Body Action

1 2 3 4 5 6 7 8 9

Unable to control Average Able to Control

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23) Enjoyment of Play

1 2 3 4 5 6 7 8 9

Unable to enjoy — Average — Able to enjoy

24) Eagerness to Participate in Curriculum Practice at Home

1 2 3 4 5 6 7 8 9

Very Uneager — Average — Very Eager

25) Responsiveness to People known to Infant

1 2 3 4 5 6 7 8 9

Very Unresponsive — Average — Very Responsive

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CANTALICIAN CENTER FOR LEARNING
3233 MAIN STREET BUFFALO, NEW YORK 14214

## FAMILY-INFANT PROGRAM

## PROGRAM PLANNING SURVEY

Family: ______________________________

Interview Date: ______________________

Interviewed:

_____ Mother

_____ Father

_____ Mother and Father

_____ Other ______________________

Interviewed by: ______________________________

Adapted for use by the Cantalician Center for Learning from the Nebraska Survey.

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Directions: We want to find out what you think about services for children. Please review each item in the left-hand column. If your child receives the service, put a check in the appropriate column ("Helpful" or "Not Helpful") under 1. If your child does not receive the service, put a check in the appropriate column ("Need Very Much" or "Do Not Need") under 2

Each item should be rated

| SERVICES FOR CHILDREN | (1) My child IS RECEIVING this service from the Cantalician Center and I feel this service is: | | (2) My child IS NOT RECEIVING this service from the Cantalician Center and I feel my child needs this: | |
|---|---|---|---|---|
| | HELPFUL | NOT HELPFUL | NEED VERY MUCH | DO NOT NEED |
| Center-based half day school program (Child goes to the school) | | | | |
| Center-based full day school program (Child goes to the school) | | | | |
| Speech and/or language therapy | | | | |
| Physical or Occupational therapy | | | | |
| Medical or dental treatment through hospital, clinic, public health nurse | | | | |
| Hearing testing or fitting of hearing aid | | | | |
| Summer school program | | | | |
| Recreational program | | | | |
| Group meetings on topics selected by family members | | | | |
| Instructions on how to teach my child at home | | | | |

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Directions: We want to find out what you think about services for families. Please review each item in the left-hand column. If you receive the service, put a check in the appropriate column ("Helpful" or "Not Helpful") under 1. If you do not receive the service, put a check in the appropriate column (Need Very Much" or "Do Not Need") under 2.

Each item should be rated.

| SERVICES FOR FAMILIES | (1) I AM RECEIVING this service from the Cantalician Center and I feel the service is: | | (2) I AM NOT RECEIVING this service from the Cantalician Center and I feel I need this: | |
|---|---|---|---|---|
| | HELPFUL | NOT HELPFUL | NEED VERY MUCH | DO NOT NEED |
| Telephone contact from staff regarding meetings and special activities | | | | |
| Parent-teacher conferences | | | | |
| Toy-lending library (toys loaned to families for children's use at home) | | | | |
| Resource library(books, pamphlets, tapes etc., loaned to families for their use) | | | | |
| Written reports or progress checklists on my child's progress at school | | | | |
| Opportunities to discuss concerns with other parents | | | | |
| Individual counseling | | | | |
| Newsletter on school activities | | | | |
| Information on use of other community resources | | | | |
| Social activities for families | | | | |
| Other: | | | | |

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Directions: The following is a list of supportive activities which might be of assistance in your participation in your child's program or in a parent program. Please review each item in the left-hand column. Determine if this type of assistance would be of help to you and then check the appropriate square in the right-hand column.

| SUPPORTIVE ACTIVITIES | This activity WOULD BE of assistance to me: | This activity WOULD NOT be of assistance to me: |
|---|---|---|
| Transportation for me to the school | | |
| Babysitting for my children while I am at school | | |
| Meetings held at more convenient times | | |
| More guidance about what I should do to help my child | | |
| More involvement in determining the plans and content of the parent program | | |
| More involvement in determining the plans and content of my child's program | | |
| Other: | | |
| Other: | | |

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| INFORMATION NEEDS | I HAVE ENOUGH information about: | I NEED informatio about: |
|---|---|---|
| Handling behavior problems | | |
| Managing jealousy among children | | |
| Dividing my time among my children and my other responsibilities | | |
| Developing my child's social abilities (playing with others, helping, sharing) | | |
| Developing my child's self-help skills (feeding, toilet-training, dressing) | | |
| Developing my child's physical abilities (walking, sitting, drawing) | | |
| Developing my child's ability to communicate (talking, signing, listening) | | |
| Developing my child's ability to understand basic concepts (number, color) | | |
| Understanding my child's specific strengths and areas of need | | |
| Communicating with my child more effectively | | |
| Finding and effectively using professional services for my child and myself | | |
| What to look for in future educational programs for my child | | |
| The rights of children and parents - New York State Educational Law | | |
| Programs and services for my child in the future | | |
| The normal process of development in children | | |

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| INFORMATION NEEDS | I HAVE ENOUGH Information about: | I NEED information about: |
|---|---|---|
| Information on specific handicapping conditions | | |
| Sources of financial assistance | | |
| Local or state organizations working to improve and increase services to pre-school handicapped children | | |

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CANTALICIAN CENTER FOR LEARNING

## OCCUPATIONAL THERAPY SERVICES NEEDED?

## THE ANSWER MAY BE YES!

DOES YOUR CHILD HAVE DIFFICULTY:

1. Maintaining head position and control?
2. Maintaining a correct sitting position in a high chair (habitually slides)?
3. Sucking (bottle)?
4. Chewing and swallowing food (chokes easily)?
5. Keeping food in mouth (loses or pushes food out)?
6. Sipping and swallowing liquids (glass)?
7. Accepting new textured foods?

CANTALICIAN CENTER FOR LEARNING

## IS YOUR CHILD READY DEVELOPMENTALLY?

### Finger Feeding

A prerequisite for self feeding!

| Is your child independently able to: | YES | NO |
|---|---|---|
| 1. Reach for objects? | | |
| 2. Pick up small objects from tray? | | |
| 3. Bring hand to mouth? | | |
| 4. Chew and swallow semi-solid foods? | | |

Congratulations! Your child is now ready to begin fingerfeeding!

### Self Feeding

Independence and accuracy of fingerfeeding a must.

| Is your child able to: | YES | NO |
|---|---|---|
| 1. Bite off pieces of solid food and chew functionally. | | |
| 2. Grasp spoon? | | |
| 3. Bring filled spoon to mouth? | | |
| 4. Return spoon to dish? | | |
| 5. Fill spoon with with food? | | |
| 6. Hold glass? | | |
| 7. Bring glass to mouth? | | |
| 8. Sip and swallow liquids repeatedly? | | |
| 9. Return glass to table? | | |

Congratulations! Your child is ready to feed himself.

CANTALICIAN
CENTER FOR LEARNING
3233 MAIN STREET
BUFFALO, NEW YORK 14214
716-833-5353

I, ______________________________ parent/guardian of ______________________________, do hereby irrevocably give my permission to the Cantalician Center for Learning to share, with any concerned school department, social agency, hospital, or state education department any information they may have, either from their own files or that of outside agencies, which will be used to provide information required to determine placement and/or planning for my child.

X______________________________
(parent/guardian signature)

______________________________
(address)

______________________________
(date)

CANTALICIAN
CENTER FOR LEARNING
3233 MAIN STREET
BUFFALO, NEW YORK 14214
716-833-5353

RE: ________________

DOB. ________________

DATE: ________________

Permission is hereby given to ________________
(Doctor/Hospital/School District)
________________________________
to provide copies of all pertinent information from the record of my child, ________________ to the Cantalician Center for Learning.
It is understood that this authorization releases you from all legal responsibility which may arise from this act.

________________________
Signature of Parent/Guardian

________________
Witness

---

CANTALICIAN
CENTER FOR LEARNING
3233 MAIN STREET
BUFFALO, NEW YORK 14214
716-833-5353

RE: ________________

D.O.B. ________________

DATE: ________________

Permission is herby given to ________________
(Doctor/Hospital/School District)
________________________________
to provide copies of all pertinent information from the record of my child, ________________ to the Cantalician Center for Learning.
It is understood that this authorization releases you from all legal responsibility which may arise from this act.

________________________
Signature of Parent/Guardian

________________
Witness

CANTALICIAN
CENTER FOR LEARNING
3233 MAIN STREET
BUFFALO, NEW YORK 14214
716-833-5353

I, hereby, irrevocably give my consent to the Cantalician Center for Learning, 3233 Main Street, Buffalo, New York 14214, to use any portrait, picture, photograph, and/or film of me, ________________________________, my family, or my child, ________________________________, for the sake of education or publicity for the Cantalician Center for Learning.

Signed: ________________________________

________________________________
(Relationship to Child)

Address: ________________________________

________________________________

Date: ________________________

CANTALICIAN
CENTER FOR LEARNING
3233 MAIN STREET
BUFFALO, NEW YORK 14214
716-833-5353

TO:

DATE:

SUBJECT:

I hereby give my concent to a reputable hospital, clinic or physician to administer medication or First Aid Treatment which may be deemed necessary for my child ________________________.

I authorize the director at the Cantalician Center for Learning to sign the necessary consent for service during my absence.

________________________________
Parent or Guardian

____________________
Witness

---

CANTALICIAN
CENTER FOR LEARNING
3233 MAIN STREET
BUFFALO, NEW YORK 14214
716-833-5353

TO:

DATE:

SUBJECT:

I hereby give my concent to a reputable hospital, clinic or physician to administer medication or First Aid Treatment which may be deemed necessary for my child ________________________.

I authorize the director of the Cantalician Center for Learning to sign the necessary consent for service during my absence.

________________________________
Parent or Guardian

________________________
Witness

# CANTALICIAN CENTER FOR LEARNING MEDICAL REPORT
MUST BE COMPLETED IN FULL AND SUBMITTED ANNUALLY PER.
NEW YORK STATE EDUCATION LAW

Examiner's Name ______________________ Telephone No. ______________
(Please type or Print)

Student's Name ______________________ Date of Birth ______________

Street Address ______________________________________________
No. Street City State Zip

Height ______________ Weight ____________ Sex ______________

Identification Marks ______________________________________

Handicapping Conditions/Developmental History (Describe in detail)

______________________________________________

______________________________________________

______________________________________________

______________________________________________

______________________________________________

______________________________________________

Head ______________________ Eyes ______________________

Ears ______________________ Vision ______________________

Hearing ______________________ Mouth & Throat ______________________

Neck ______________________ Chest ______________________

Genitals ______________________ Abdomen ______________________

Skin ______________________ Heart ______________________

Neurological ______________________________________

______________________________________________

Diagnosis/Other Findings ______________________________________

______________________________________________

RECOMMENDATIONS FOR SCHOOLING: ______________________________

______________________________________________

______________________________________________

______________________ ______________________

Date of Examination Examiner's Signature

CANTALICIAN
CENTER FOR LEARNING
3233 MAIN STREET
BUFFALO, NEW YORK 14214
716-833-5353

DATE: ____________________

RE: ____________________

## RELEASE OF INFORMATION FORM

I give my permission to ______________________________
(Worker's Name)
from the Specialized Family Program to exchange information regarding

______________________________ with ______________________________.
(Family/Child's Name) (Name of Worker/Agency).

I have:

*Made sure all blanks are filled in before signing this form.

*Made sure I know what information is being requested or exchanged.

______________________________
Client's Signature

______________________________
Witness Signature

# APPENDIX B

## Family Curriculim

Family Curriculum Project

- Overview
- Outline: Staff Activity
- Family Activity Formats
  - Format A: Developed, now being used
  - Format B: Developed, discarded
  - Format C: Developed, to be tested
- Goals for Parents as Teachers

Parent At-Home Record Keeping Form
of Infant Behavior Changes
Home Visit Form
Worksheet - Family Plan

C. Cataldo
Sept. 1980

# Cantalician Center
# Family-Infant Program
# Parent Curriculum Project

The Parent Curriculum Project represents a long term effort to simplify and implement activities designed to teach parents skills for supporting and working effectively with their babies. The Family-Infant Program has used a variety of strategies to meet this goal. Parent meetings, reading and media resources, classroom involvement, parent aides, Family Individualized Education Plans, needs assessments and questionnaires, parent handbook, and individual conferences are all part of the effort to educate, involve and support family members with handicapped infants. These constitute a regular part of the program.

Within the daily classroom sessions specific curricular activities are used with babies. These are designed to improve the child's skills in areas of deficit or retardation and to enhance the child's overall developmental status. The activities come from over fourteen different sources. Each infant's curriculum is based upon the child's performance on screening tests administered at program entry and on the parents' goals for the child. Parent, child and teacher work on these curricular activities on a daily basis, using materials and suggestions contained in teachers' resource files.

The problematic use of professional materials by parents, the difficulties of parental generalizations of classroom learning activities to the home and the confusion experienced by parents and teachers about family goals all contributed to a special effort termed the Parent Curriculum Project. Several steps were taken which included: two visits by a consultant; clarification of family goals in the program based on parent-teacher feedback; experimental formats for parent curricula with children; selection of appropriate child activities; statements of the process of educating families; a curriculum files; and samples of parent curriculum cards.

The reports and results of these efforts are described in the materials attached. Format C was considered to be the most effective manner in which to teach parents how to use existing curricula directed towards them. Also attached are samples of published curricula for parents; these are considered to be excellent in quality and scope. Criteria derived by the staff such as applicability to the home and enjoyment by parent and child are clearly a part of these resources. The responsibility of project staff then becomes the process by which professionals demonstrate and model educationally appropriate behaviors for parents and infants (and siblings and grandparents, when possible).

CC/jj

February 1980
C. Cataldo

# STAFF TASK OUTLINE

## Parent Curriculum Project

A. Sources of Child's Objectives for Curriculum
    1. Intake information about child
    2. Bayley performance
    3. Profile on revised Vulpe battery
    4. Child's IEP

B. Sources of Curriculum Activities
    1. Professional curriculum file
    2. Parent goals: components of "teacher" role (Sparling)
        a. Plan
        b. Do
        c. Change
        d. Extend
    3. Major developmental milestones on Vulpe

C. Selection of Activities for Parents' Curriculum
    1. Basic requirements
        a. Activity relates directly to major milestones
        b. Activity contributes to agreed upon parent skills
        c. Age spread: B-2; 2-3
        d. Areas of development: Gross motor, fine motor; cognitive; language; socioemotional/self-help
        e. Amount: 3 activities per task-analyzed milestone (of 10 possible ones)
    2. Other Criteria for Selection of Activity
        a. Covers more than one area of development
        b. Combines several activities under one heading
        c. Uses simple materials
        d. Contains straightforward language
        e. Directly related to IEP goals and prompt-cards
        f. Generalized to the home
        g. Fun to conduct

D. Format for Parents' Curriculum Cards
    Title: (filled in)
    Plan: Why This Is Important
        What is the goal of the activity? (filled in)
        What is its value to development? (filled in)
        What materials are needed (filled in)
    Do: Steps (filled in)
    Change: When he/she needs a change or can do this successfully
        Other learning/play activities (filled in)
    Extend: Teach this to another person/another setting (filled in)

E. Guidelines for Parents' Use of Curriculum
    1. Procedures for use: guidance from staff; timing; pace; record keeping
    2. Demonstrated links to: IEP, Vulpe and Bayley; professionals' curriculum

3. Use of referencing indexes: finding activities for routines; equipment; developmental chart - age and stage
4. Planning for the individual child: capabilities; needs; interests
5. Cautions
6. Recommendations for certain handicapping conditions

F. References for Parents to Locate Activities
   1. Developmental Levels/Ages and Areas (Chart)
   2. Activities for routines:
      - Alone
      - Meals
      - Bath
      - Cleaning
      - Diapering
      - Dressing
      - Office
      - Shopping
      - Playmate
      - Adult Visitor
      - Telephone
      - Sibling
      - Father
      - Cooking
      - Traveling
      - Sitter
      - Grandparents
      - Church
      - Resting
      - Visiting
      - Walking
      - Pets
      - 1-1 Playtime
   3. Activities for toy/equipment sets:
      - Blocks
      - Water
      - Climbers
      - Dolls
      - Crayons/Paper
      - Puzzles
      - Play-dough
      - Music/Noise
      - Rattles
      - Books
      - Vehicles
      - Cutting/Pasting

G. Work Plan
   1. Schedule:
      Week 1: Overview and job selection
      Week 2: Activities selected
      Week 3: Sample cards completed
      Week 4: Procedures discussion/progress
      Week 6: All cards completed
      Week 8: Procedures drafted
      Week 10: Dr. Sparling's Review/Consultants' Review

H. References for Activities
   Portage; Sparling; EMI; Oregon; Rochester: Koch; CCC; Painter; LeBoyer; Down's book; exercise book; Prudden: toddler book
   Meiera and Malone, Vol. 1 and 2;

FORMAT A

TITLE: Child Acts to Gain Attention

PLAN: WHY THIS IS IMPORTANT

GOAL: Child will vocalize to gain attention.

VALUE OF DEVELOPMENT: This behavior is part of the cognitive process by which the infant learns to substitute a sign for an actual object or event. It also develops his sense of the social nature of language, and encourages his general use of whole body movement in communication.

MATERIAL: Food, favorite toy, rattle

DO: STEPS 1) Attend to child as soon as child cries or fusses for a legitimate reason.

2) Hold a favorite object or food in front of child.

3) Respond to your child's vocalization with a smaile and by repeating the sounds the child makes.

4) If the child switches from a cry to a vocalization, attend to him immediately with a smile.

CHANGE: WHEN HE/SHE NEEDS A CHANGE OR CAN DO THIS SUCCESSFULLY

OTHER (LEARNING) PLAY ACTIVITIES TO DO:

Make sounds to stimulate the child.

Tickle the child, respond to the laugh.

TITLE: Look folks, no hands

FORMAT A

PLAN: WHY THIS IS IMPORTANT

GOAL: Child will sit independently with no support, head and back straight for one minute

VALUE OF DEVELOPMENT: Sitting with no support will allow your child to use both hands to play with toys. It also will allow him to see more things. In addition, it will improve his balance which will help later for standing and walking.

MATERIAL: favorite toys, mirror

DO: STEPS:

1) Place child in sitting position with hands on knees
2) Place a favorite toy within easy reach in front of him.
3) If child doesn't reach for toy, then dangle it in front of him to encourage him to reach with one hand.
4) As child gains steadiness, move toys off center to encourage reaching out and keeping balance.
5) Place yourself behind child, so you can catch him if he loses balance.

CHANGE: WHEN HE/SHE NEEDS A CHANGE OR CAN DO THIS SUCCESSFULLY

OTHER (LEARNING) PLAY ACTIVITIES TO DO: Place child in front of a full-length mirror and position yourself behind him. Tap the mirror, sing, talk or make faces to attract your child's attention. This should help child to focus on himself and sit steady.

April 7, 1980

## FORMAT B

## Cantalician FIP Parent Curriculum Project

### Revised Format for Parent Curriculum Package

Title: Age/Stage: Source:

When you are: ________________________________________,

| Try this: | Using this: |
|---|---|
| 1. Beginning | 1. |
| 2. Progressing | 2. |
| 3. Advancing | 3. |

You may need to prepare your child or materials by: ______________________________

__________________________________________________________________________

__________________________________________________________________________

Playing or working with your child in this way contributes to the child's development because: ______________________________________________

__________________________________________________________________________

__________________________________________________________________________

It will also contribute to your skills and understandings in this way: __________

__________________________________________________________________________

__________________________________________________________________________

For variety try this: ______________________________________________________

__________________________________________________________________________

If these ideas do not work try: ____________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

CC/jj

FORMAT C

After your child has learned to grasp you may plan activities for letting go. Being able to let go means the baby has control enough to experiment with lots of toys and materials. This increases their experiences - and hence, their learning.

**TITLE:** LET ME GO!

**PLAN:** **WHY THIS IS IMPORTANT**

**GOAL:** Child will release objects from grasp voluntarily.

**VALUE OF DEVELOPMENT:** Did you notice when your baby was very young his hands were always fisted? When he grabbed your finger (or hair!) it was hard to loosen the "iron grip". As he gets older, his hands will relax a little and he can release objects. He needs to be able to do this so he can drop objects when he wants to go on to somethings else, to change things from hand to hand, and to finger feed without biting himself.

**MATERIAL:** Squeeze toys, small colorful objects, a clear container, a can, a box or basket

Notice that any toy or object can be used. You can play these games when you are waiting in an office, in a car, with brother and sisters. How proud you will feel when the baby beings to "give" you objects. Praise him/her and return it!

This activity goes from infancy through toddlerhood because the materials change, the purpose changes and the child grows from a simple let-it-go game to directed, controlled dropping into containers. They can move ahead to cleaning up and sharing! Now, that's progress!

**DO:** STEPS 1) Give him a squeeze toy to squeeze and release. As the toy refills with air, he will be stimulated to weaken his grasp.

2) When he is holding an object, ask him to give it to you. Hold out your hand and physically help him give it to you. (Stroking the back of his hand will help it relax enough to let go.) Be sure to praise his efforts.

3) Show him how to drop objects into the containers. Use pretty, shiny objects dropped into a clear container or metal objects in a can to rattle and make noise.

**CHANGE:** WHEN HE/SHE NEEDS A CHANGE OR CAN DO THIS SUCCESSFULLY

**OTHER (LEARNING) PLAY ACTIVITIES TO DO:** 1) Reduce the size of the objects and the opening of the container to make it more difficult.

2) Have him drop objects from different ehgiths. When they "hit" make an explosion sound.)

3) Teach him to throw a ball. (That's "release", too!)

If others do this with your child, encourage them to use praise and to make it a relaxing game. After a while, you'll want to change the activity so that the child understands when not to drop - but this is a gradual process. You will know when to move ahead by the child's response.

# PARENT CURRICULUM

## Goals for Parents as Teachers

### What can teachers and parents do for babies?

Professional teachers can help the child and the family to see a baby's specific strengths and needs. Parents can learn to carry out special activities and use play and daily events at home to help the child learn more and master important skills. Children can become successful with toys and games and can enjoy other people. Teachers can also give parents information they need, such as how certain handicapping conditions affect children and what services they can find in their area. Programs can bring families together to share their concerns and understandings. Parents and teachers can listen to each other and learn how to help the child and support family members who are adjusting to the child's handicapping condition.

Parents and families also have special opportunities that teachers and programs do not have. Only a parent knows the child so completely - across moods, in different situations and during a full twenty-four hours a day. Parents have a very special relationship with their child and this bond helps the child learn and grow. As a parent, you have access to some of the best naturally occuring learning opportunities at home and around town with your baby. You can make learning a part of everyday life - during dressing, at meals, on errands, with brothers and sisters, at play times and when the child expresses a new interest, shows excitement and wants to try to master a newly emerging skill. Teachers have to create these opportunities at school; you see them everyday. You also have a unique family situation, and your own special values and living style apart from school. Only you can help your child to use what he or she learns in a way that fits your lives now and in the future.

### What can be accomplished at the Family-Infant Program?

Goals for parents are an important part of the program. You will be working on many such goals at different times during your involvement with us, but you may not be fully aware of them until you have been with us a while. Even though you came here to help your child it's important that you don't overlook yourself. What may first impress you is our goal of providing you with information of many kinds. As you talk, read and view tapes and films you will find out about your child's handicapping condition, about special services available and about how your child can learn and grow in the next few weeks, months and years. You will also come to understand more fully how children progress in small steps through developmental changes and noticeable progress. The activities you'll be learning will contribute to this process and you'll see how important these experiences are. You'll become rather adept at choosing tasks, fitting them into play and routines, and using praise and affection to teach. The successes you and your child experience will help you develop a positive attitude - a sense of pride and enjoyment of your child. You may find that the child's general behavior improves and your family may seem more accepting of and involved with your child. You'll also be working towards some goals related to working with other parents with similar children. You'll probably feel a greater sense of sharing - more involvement and less isolation, more knowledge and less uncertainty and stress. You may not realize how far you have progressed towards these family goals until later.

Goals for your child are equally important. What's valuable about a family-oriented infant education program is that you become more of the child's teacher in the best sense. You'll do more planning, carrying out and changing of learning events, but you will always need to be more parent than teacher, with more play and relaxed learning, more affection and emotional involvement. The program will help your child learn and grow. The early beginning may prevent many later problems. You will help your child directly, but also in less obvious ways. As you accept your child's strengths, needs and special qualities you will develop a realistic view of your child's development - one which focuses on progress, which tries not to limit yet accepts handicaps that do limit some skills. The involvement of all the child's family is a goal as well, because siblings, grandparents, and most important, both parents, can grow towards this same accepting and facilitating attitude.

The goals for children, as you can see, are married to goals for parents. As you become more of a teacher with your child, as you use the parent curriculum materials, it might help you to come back to this introduction from time to time so that you can see how you have progressed towards these goals.

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FAMILY-INFANT PROGRAM

## Parents' At-Home Record Keeping Form of Infant Behavior Changes

Name of Child: ______________________________

Date: ______________________________

Names of Parents: ______________________________

Dear Parent:

In each section below, please comment on changes in your child's behavior or feelings on as many items as you can, in as much detail as possible. It is essential that we provide information not just on the infants as we see them in school, but in the home setting as well.

As always, our data is compiled without names and is held in strictest confidence.

(NOTE: Some items may not apply to your baby.)

### A. DAILY ROUTINES AT HOME

What differences do you see in the child's:

1. Eating and drinking habits?

2. Sleeping and waking patterns?

3. Dressing and changing?

4. Bathing and cleaning up?

5. Toileting?

6. Any other changes you see in the child's routines?

### B. PERSONAL-SOCIAL BEHAVIORS AT HOME

What differences have you felt recently in the child's:

7. Child's general disposition; feelings; mood?

8. Interest in things and people; alertness?

9. Affection; trust; receptiveness; reaching to others for involvement?

10. Responsiveness and reactions to people and objects?

11. Tolerance; acceptance; considers others?

12. Attention; concentration; persistense?

13. Control: can be distracted, calmed; adjusts needs?

14. Any other changes in the child's personality at home?

C. UNDERSTANDINGS-LEARNING AT HOME

What changes have you seen in the child's understandings or learning about things at home:

15. Watching, looking at things and people; recognizing people and places?

16. Trying new things; derives satisfaction; can shift to other activities?

17. Examining and doing things with toys and rattles; purposeful use of materials?

18. Imitating others; copying actions?

19. Repeating actions that produce sounds or other responses with objects or people?

20. Looking for or trying to get things and people out of reach or out of sight?

21. General ability to learn, think, figure things out, etc.?

22. Any other changes you have observed in learning at home?

## D. PHYSICAL ACTIVITIES IN THE HOME

What differences have you seen in the child's motor activity at home:

23. General interest in doing physical things?

24. Control of body actions; use for mastery?

25. Progress towards specific skills such as grasping, sitting, standing, etc.?

26. Any others?

## E. PLAYTIME IN THE HOME

Can you describe changes in the child's play activities at home:

27. Responsiveness to games?

28. Enjoyment of rough and quiet spontaneous play?

29. General interest and use of toys, including balls, blocks, dolls, cars, and household objects?

30. Beginnings of pretending with figures, dolls, or animals?

31. Any other changes in playtime behavior?

## F. VOCALIZATIONS AND LANGUAGE AT HOME

What new language skills do you see in the child at home:

32. Degree of babbling and vocalizing?

33. Response to gestures and sounds made by others:

34. Use of vocalizing to get a response, indicate a need, or get attention:

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35. Understanding of words?

36. Response to pictures and books?

37. Any other new language and communication skills?

## G. CURRICULUM PRACTICE SESSIONS AT HOME

When you work on the infant's curriculum, have there been changes in:

38. Eagerness to participate?

39. Response to either parent doing activity?

40. Behaviors seen at home but not at school?

41. Any other curriculum activity changes seen at home?

## H. PARENT AND SIBLING RELATIONSHIPS

42. Are there any changes you wish to report in your:

Understanding of your child?

Abilities with the child?

Feelings and attitudes towards your child?

43. Any change in relationships of the baby with brothers, sisters, grandparents, friends, sitters, or others?

C. Cataldo (2/78)

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FAMILY-INFANT PROGRAM

## HOME VISIT

Child: ____________________
Child's Age: ____________________
Teacher: ____________________
People Present: ____________________

Home Visit #: ____________________
Date: ____________________
Time spent in Home: ____________________

| Goals for this home visit: | Evaluation of Progress toward goals: |
|---|---|
| | |
| | |
| | |
| | |
| | |

Materials brought:

Description of visit (Parent(s), family members'comments, responses):

Plan for next home visit:

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FAMILY-INFANT PROGRAM

## Suggested Procedure for Coordinating Items of Need From Expectation Questionnaire to Family Plan Activities

1. Review expectations form for: a) services needed for family
   b) supportive activities that would be of assistance
   c) information needs

2. Establish priorities per conference with parent or parents "what shall we do first," "what is most important," or "more important at this point." Enter on Worksheet.

3. Match priorities with planned meetings and existing resources (reading materials, discussion with teacher, special meetings), using worksheet as a guide.

   As activities are completed, enter completion date on Resource Sheet (on particular handicap, C.P., Down's Syndrome, Genetic.) If activity is not on sheet, add a line plus the activity. See sample below.

### WORKSHEET - FAMILY PLAN

Family Needs: - Information needs

Supportive Activities;

1. Language Development, more information
   - [✓ A.] October 18, 1979
   - B. ______
   - C. ______
   - [✓ D.] "How to Talk to your Child"
   - [✓ E.] "Babbling" tape #7, Telecommunications

2. Recent heart surgery, more information
   - A. ______
   - B. ______
   - [✓ C.] With Ms. Scott, 11/15/79
   - [✓ D.] "What happens after surgery"
   - E. ______

A. Topic Meeting
B. Teacher-Trainer Meeting
C. Parent to Parent Meeting
D. Reading Material
E. Tape Film

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FAMILY-INFANT PROGRAM

## Worksheet -. Family Plan

A. Topic Meeting
B. Teacher-Trainer Meeting
C. Parent to Parent Meeting
D. Reading Material
E. Tape Film

______________________ A. ______________________
B. ______________________
C. ______________________
D. ______________________
E. ______________________

______________________ A. ______________________
B. ______________________
C. ______________________
D. ______________________
E. ______________________

______________________ A. ______________________
B. ______________________
C. ______________________
D. ______________________
E. ______________________

______________________ A. ______________________
B. ______________________
C. ______________________
D. ______________________
E. ______________________

______________________ A. ______________________
B. ______________________
C. ______________________
D. ______________________
E. ______________________

# APPENDIX C

## Family Training/Family Meetings

Approach to Affective Programming
Family Involvement: A Framework
Sample Program Topic for Family Meetings:
  "How To Choose an Appropriate Education Program"
Sample Program Topic for Group Family Meetings:
  "Touch and Feel"
Parent Information Handouts for Meetings:
  "So You Want to Know How I Grow?"
Sample Meeting Topics Surveys
Record-Keeping
Long Range Planning
Baseline Data Collection and Parent Training

January 1979

# FAMILY INVOLVEMENT: A FRAMEWORK

Since its inception a major goal of the Family/Infant Program has been to involve the family in its handicapped infant's program and to help the family itself become more effective at caring for and teaching its child. At first look it seemed that there existed plenty of literature regarding family involvement to guide our planning but as we looked closer and began talking to more people it became evident that "family" typically meant "parents" and when we looked further still, "parents" generally meant "mother."

Given that framework, we will be very clear about what we mean by "family." We mean "mothers and fathers." We are a family program and we do encourage participation by an extended family, but we do so under what we call "The Open Invitation." We will work tremendously hard to involve both parents and to a lesser extent siblings, but we will leave all others' participation to be a function of parental invitation. We will make it clear that whoever the parents wish to attend may do so. They may accompany the parents or come in lieu of them. They may be as active as they wish, and we will help those individuals as much as we can. But we have not organized an extensive program designed solely for the extended family as we once planned to do.

Instead we will focus on programming for both mothers and fathers which has proved to be more difficult than we anticipated. When we started we thought that working with the family would be an easy extension of working with infants. We would give them time, show them how well-intended and professional we were, establish a few objectives and things would just happen.

What we think happened in the beginning was that we were used to working with children, were more secure doing that, and so it became very easy to give the children more than their fair share of attention. The families came to the program to get help for their children. They saw that as the most important thing and so reinforced the teachers for attending to the children rather than to the adults. In combination, these two forces meant that we really did not have a family oriented program.

But we learned. What follows are some of the things we now do to insure that both mothers and fathers participate. A good deal of it is simply operational practices that grow out of the valued characteristics we state in our program philosophy. There isn't any necessary sequence in what follows, and in isolation some things would have very little impact. But together they will. Of course, some would need to be modified to fit circumstances different from ours.

1) Make certain that staff members are trained to work with parents and other adults. Most pre-service programs and even masters level programming have little or no formal programming devoted to working with parents. Developing listening skills is very important. So too is building trusting relationships. Being a professional while working as a partner was difficult for some. Devoting inservice time to working with adults may be an important first step.

2) Be extremely careful with intake procedures. Examine them carefully to assess their impact on family involvement. After doing that we made two changes that we think had an immediate impact on increasing family involvement - particularly on father involvement. Both changes are related. We insist that both parents attend the session where we explain the results of the initial study of the child. The purpose of this is straight forward. We want both parents to start off together, to gain their first impressions together and to hear our initial message together. Another way to say this is that we do not want the mother to become the major program contact, the message carrier, the interpreter of what is happening. When you want involvement by both parents it is crucial to start with both parents. To start with the mother, which is easy to do, and then hope for father involvement later simply does not work as well.

3) Make certain another parent or family spends time talking with potential participants during the intake phase. And make sure they talk together about everyone getting involved. Some families, naturally, are better at this than others. If fathers can be involved, all the better. Having program parents as paid staff members is a good way to insure that this happens in the desired way.

4) The traditional school day makes it impossible - or very nearly so - for many working parents to attend school. Non-traditional hours and at-home programming must be used to accommodate such conditions. Working with infants and their families does not fit the standard school day and infant programming that does not face up to that will find itself with less family involvement than it wants. For some we program early in the morning and for others in the evening and on weekends. For us there is no other way.

5) Be concrete and clear about program expectations. Sign parents up. Write contracts. Call them on the phone to remind them. When they are absent call, reschedule immediately. But do not nag. The message your are trying to get across is that this is serious business and requires consistent cooperative effort by all parties involved. This is very sensitive and must be carried out by a sensitive person who knows the family and what is happening in the program and at home.

6) It goes without saying that what happens while parents participate must be viewed by them as constructive, contributive undertakings that result in growth by their child and desired changes in themselves. Parties and get-togethers are no substitute for professional substance. Wasted time, being ignored, waiting around, unproductive activity, pointless exercises, sooner or later will result in low level participation.

7) In the same breadth be careful not to ask too much of parents, to have them working on too many things at once, to create a world where only their handicapped child exists and their many other interests and needs get ignored. The Individual Educational Program (IEP) is an important tool since it sets down the goals for the infant with input from the family. We require mutual goal planning by family and staff in drawing up the IEP. The Special Family Plan, in which we plan with the family the types of knowledge gathering and skill activities they want to engage in, have helped us to formalize family commitment. We suggest a formal contract with the family, which takes into account the fact that the family exists outside of the program.

Cantalician Center for Learning
Family/Infant Program

# APPROACH TO AFFECTIVE PROGRAMMING

## Introduction

Caring for and raising a handicapped child places more than typical stress on individual family members and on the family unit as a whole. Such stress, moreover, will be perceived and experienced differently both within and across families. Dealing with such stress effectively is one of the most important tasks facing families of very young handicapped children.

Many approaches to reducing stress are possible and each has been shown to be effective in at least some instances. The basic approach to be used in the Family/Infant Program is education, informal, and pervasive. That is, affective programming relies primarily on educational approaches to learning and on the empathic support and help of the program staff and other families. It is pervasive in the sense that while there are identifiable affective oriented program undertakings, at least an element of all we do is intended to produce more positive affective states for the caretakers of handicapped children. Referral services are available for those needing something more or something different.

## Program Guideline I

THE LACK OF KNOWLEDGE ABOUT HANDICAPS AND BEING HANDICAPPED, AND THE LACK OF SKILL IN DEALING WITH VERY YOUNG CHILDREN WHO ARE HANDICAPPED CONTRIBUTES TO THE STRESS OF FAMILIES EXPERIENCE. A MAJOR PROGRAM TASK, THEREFORE, IS TO REDUCE STRESS BY ENHANCING FAMILY MEMBERS' KNOWLEDGE ABOUT HANDLING AND SKILL IN DEALING WITH THEIR HANDICAPPED CHILD.

Operational Guidelines:

1. Staff must be particularly excellent with adults. They must be especially effective in working with, communicating with, and teaching adults. Inservice time must be devoted to helping staff in this area.
2. Upon entry to the program, family members and families will be asked to indicate what they want to learn and to do better (needs). Programming which addresses high priority needs will be designed and implemented immediately. Long term planning must be formalized on the Special Family Plan.

3. Staff must be sensitive to family members' expressions of need (verbally and by actions) during ongoing programming. If the staff thinks it is advisable, immediate help should be given in the specified area of need. Other options include contact with other families, organizing special parent programs, and planning for programming to be initiated in the future.
4. Families must be aware of and experience greater knowledge and skill. They must receive positive feedback for gains.

## Program Guideline II

INDIVIDUAL FAMILY MEMBERS AND THE COLLECTIVE FAMILY UNIT WILL EXPERIENCE GREATER STRESS IF THEY FEEL INADEQUATE AND UNSURE OF THEMSELVES IN REGARD TO THEIR HANDICAPPED CHILD. A MAJOR PROGRAM TASK, THEREFORE, IS TO REDUCE STRESS BY HELPING INDIVIDUAL FAMILY MEMBERS AND THE COLLECTIVE FAMILY UNIT SEE THEMSELVES AS CAPABLE, CONTRIBUTING INDIVIDUALS AND CAREGIVERS FOR THEIR HANDICAPPED CHILD.

Operational Guidelines:

1. Staff must be positive individuals who are sensitive to and able to deal with the affective states of adults. Inservice time must be devoted to helping staff in this area.
2. Focus on strengths and successes. Recognize and program for deficiencies or inadequacies whether real or imagined but do not allow such programming to reinforce expressions of inadequacy, guilt, or uncertainty. Find strengths, successes and improvements. Highlight them. The approach is positive, not negative. The focus is strengths, not deficits.
3. Staff must not argue with negative statements by family members. They must allow such statements and accept them in as neutral a manner as possible while conveying that such feelings are common and must be dealt with openly.
4. Staff must model approaches which enhance positive self perceptions, and they must teach family members to do the same with each other.
5. New families can learn from experienced families and all families can receive ongoing support and help from each other. Families particularly able and willing to do this must be utilized within

the program. They must be identified, recruited, supported and involved. At minimum, a number will be hired as staff members with major responsibilities for affective support.

6. Programming must not focus solely on family members' relationship with the handicapped child. Activities and interests as adults unrelated to the handicapped child must be encouraged and enhanced.

## Program Guideline III

THERE IS NO ONE THING THAT EVERYONE MUST KNOW AND THERE IS NO ONE WAY OF DOING THINGS THAT EVERYONE MUST PRACTICE. INSISTING THAT THERE ARE WILL MERELY ENHANCE THE STRESS MANY ALREADY FEEL. A MAJOR PROGRAM TASK, THEREFORE, IS TO BE SENSITIVE TO AND TO RESPECT AND PLAN FOR DIVERSITY IN STYLE, APPROACH, AND ROLES BOTH WITHIN AND ACROSS FAMILIES.

### Operational Guidelines:

1. Staff must be sensitive to and accepting of diversity in the life-styles of families.
2. Participants must be consulted when developing programs. Their needs, approaches, circumstances and resources must all be taken into account.
3. While the program or individual staff members may recommend a practice or approach, ultimate decision making responsibility resides with the child's family, particularly with the child's parents.
4. While structure characterizes the program, within that structure options must be present, choices must be possible, flexibility must be real.
5. A diversity of materials, equipment, and program options must be available and used.

## Program Guideline IV

ISOLATION ITSELF OR EVEN FEELING ALONE ENHANCES STRESS. A MAJOR PROGRAM TASK, THEREFORE, IS TO REDUCE ISOLATION AND TO ENHANCE FEELINGS OF BELONGING.

### Operational Guidelines

1. Staff must exhibit diversity: old-young, male-female, black-white.
2. Parent staff members should be utilized whenever inquiries regarding possible program attendance are received. All who inquire are to be asked if they would like to talk with a family attending the program. If the answer is "yes" arranging a meeting will be done immediately.

3. Parent staff members must play a central role in the Enrollment Phase. They will contact the family, bring them in or meet them at the door. They will show new families around, introduce them to staff and to participants, chat with them, escort them through formal interviews and other requirements. They will be present for at least the first three days that a family is new to the program. They will accompany new family members to small group family meetings.
4. Individual family members and family units will be introduced to each other immediately and for whatever time is appropriate. Informal extra program contact will be encouraged.
5. Formal programming will bring families together. Special meetings, regularly scheduled meetings, social events all will be scheduled. Notices will be posted; mailing will be made; telephone invitations (or reminders) will be extended to every event. Particular staff or volunteers will be assigned this task.
6. Time and space must be programmed to enhance formal contact among families.
    a) Informal space must be readily evident. Room for privacy must be available.
    b) Some space must look informal and be arranged to encourage informal exchange.
    c) Time must not be so tightly programmed that no opportunity for informal contact is available.
    d) Social gatherings outside of regular hours must be programmed and participants should be urged to participate (at least at the beginning.)
7. All contact must not center around the children. Being involved with a handicapped child does not mean that is all there is to life.
8. Work with individual family members must not become so extensive or so focused that individuals become isolated within the family. The family unit itself must be the primary concern.

Cantalician Center for Learning
Family/Infant Program

Karen Schwabish - F.I.P.
Sunday Night Meeting

## How to Choose An Appropriate Education Program:

### General Information

From age 5 to 21, your school district is required by law to provide special education for your child. If you're not visited by a census taker inquiring about the children in your household, contact the school by letter State that you know your child may need special education. Address it to the chairperson of The Committee on the Handicapped. Be sure to keep copies of all communication. Evaluation of your child must be made at no cost and:

1. must be made within 30 school days of the written request.
2. must be given by person(s) certified or licensed to do so.
3. must assess developmental skills and intelligence.
4. must be made to make certain of an accurate evaluation if a visual, hearing or motor problem exists and
5. must include more than one test.

Your childs' teacher and/or community coordinator of the Family-Infant Program will assist you in acquiring information about school programs in your area as well as the various educational opportunities offered at the Cantalician Center for Learning. The following outlines will list some of the key factors to keep in mind when evaluating the type and quality of a school. Remember it is best to vist the school and find out for yourself whether the quality of education meets your standards.

The following chart describes the types of educational programs available to the handicapped. The Board of Education's Committee on the Handicapped is responsible for determining which special educational service is most appropriate.* They will do so by contracting one of the following agencies:

* However, parents can and should question any educational placement which they feel is not in the best interest of their child.

## Checklist for Evaluating An Educational Program

I The educational program -

1. What types of childrens' needs does the program service?
2. Does the program specifically plan for the individual needs of your child?
3. Do the children have chances to succeed, are the children free of negative designations?
4. Are the basic areas of education addressed: fine motor, gross motor, language, cognitive, social-emotional, self-help skills
5. Is there a variety of teaching techniques?
6. Is the school an enjoyable place to be? Is the child encouraged to develop his/her own capabilities?

II Auxillary Services -

1. Art, musical, physical education also included?
2. Speech, physical, occupational therapies provided?

III Teacher -

1. What are the teachers' backgrounds, experiences or certifications?
2. Do teachers' speak positively about the children?

IV. Environment -

1. What is the ratio of teachers to students?
2. Are the rooms overcrowded, pleasant?
3. Is the environment stimulating? Sufficient materials?

V. Is the school following federal and state guidelines -

1. Is notification given of meetings to be held in reference to the childs' educational placement?

2. Is there an I.E.P. established after 30 school days - is it updated?

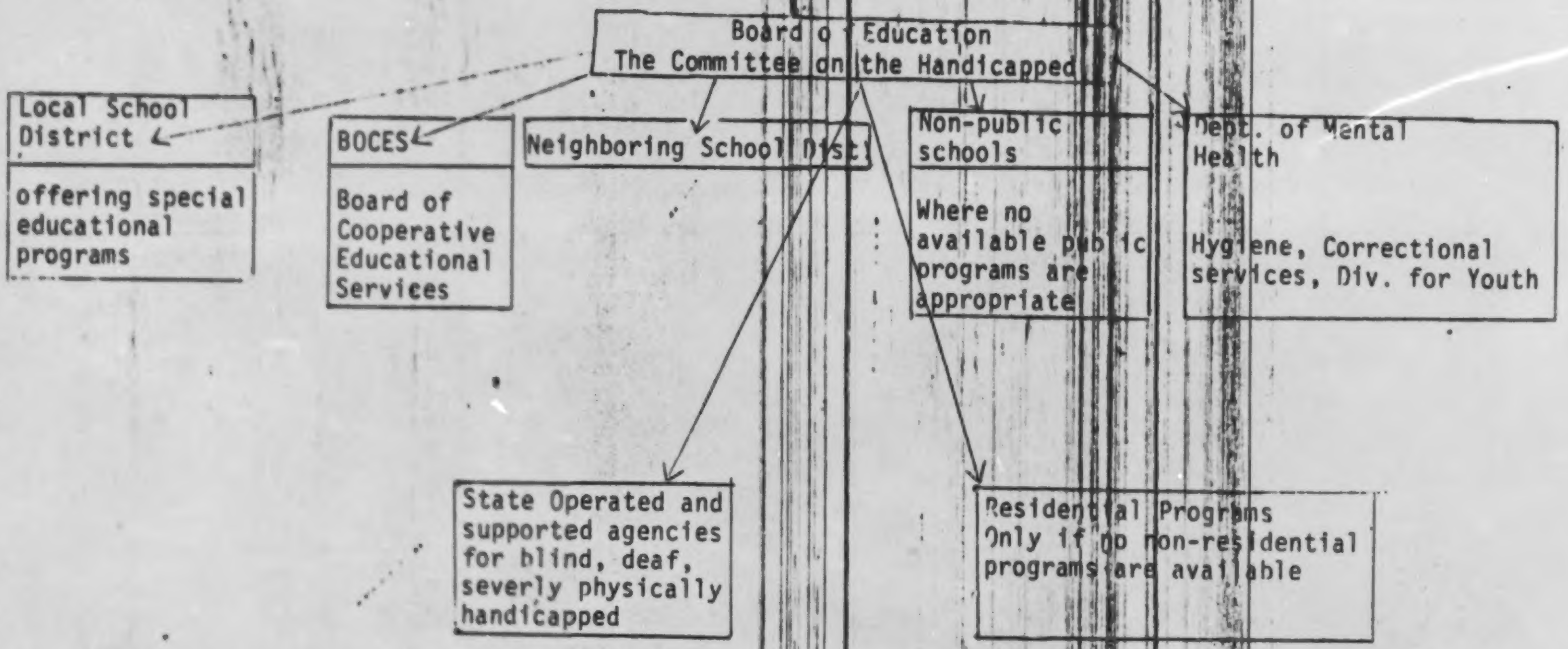
VI. Pupil Records and Assessment -

1. What type of assessment is used - is it carried out by certified personnel?
2. What records are kept on file? Are they all open to parent inspection? Developmental and mental test scores, data, attendance, health, records to and from special agencies

VII. Philosophical approach of the administration -

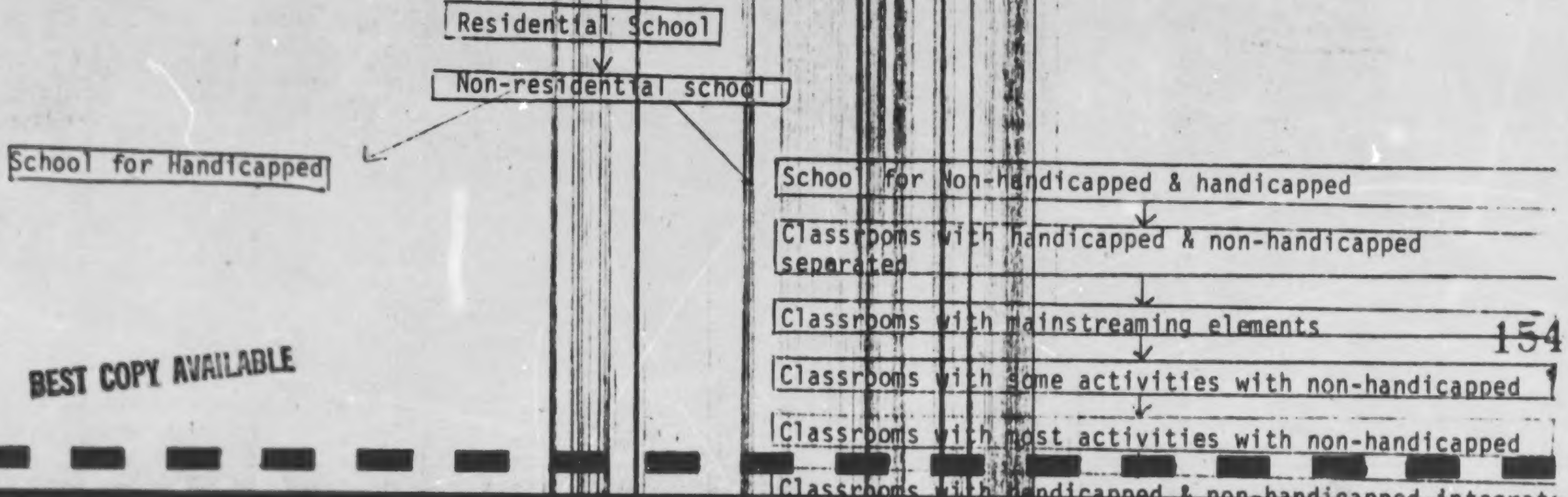
1. How does the school fit into the mainstreaming outline on Page 2?
2. What are educational beliefs of the administration? - do they respect children as individuals, do they use negative labels?
3. If the school environment includes non-handicapped, is some attemnt made for mainstreaming?

4. To what extent are parents involved? - in school making policies, parent meetings, father programs, PTA or similar parent organizations?


Board of Education
The Committee on the Handicapped
Local School District
offering special educational programs
BOCES
Board of Cooperative Educational Services
Neighboring School Dist
Non-public schools
Where no available public programs are appropriate
Dept. of Mental Health
Hygiene, Correctional services, Div. for Youth
State Operated and supported agencies for blind, deaf, severly physically handicapped
Residential Programs Only if no non-residential programs are available

## Mainstreaming

Definition of mainstreaming:


Residential School
Non-residential school
School for Handicapped
School for Non-handicapped & handicapped
Classrooms with handicapped & non-handicapped seperated
Classrooms with mainstreaming elements
Classrooms with some activities with non-handicapped
Classrooms with most activities with non-handicapped
Classrooms with handicapped & non-handicapped integrat

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# Cantalician Center for Learning

3233 MAIN ST.
BUFFALO, N.Y. 14214
833-5353

# So You Want to Know How I Grow?

A young child's world is opened up through interactions with his or her family and in experiencing just about everything. It is exciting to watch your child grow, develop, change and learn.

In normal development, overall growth happens very fast, so that sometimes the little steps go unnoticed. In the following pages you will find many steps to watch for and encourage in your child. Fun to do activities accompany each developmental step.

We hope these suggestions will enrich you and your child's experiences.

Adaption for section:- Birth to One Year - "How to Play With Your Baby"
Athina Aston
Fountain Publishing Co., Inc.
Larchmont, New York

Sections: One to three years by Sister Mary Lorita
Illustrations: Rose Leavell

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## BIRTH TO ONE MONTH

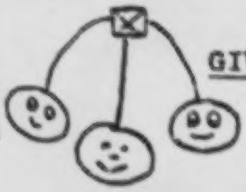
**YOUR BABY LIKES TO:**

1. Suck
2. Listen to sounds
3. Be held, cuddled, rocked

**GIVE YOUR BABY:**

1. Bottle
2. Your voice - sing and talk
3. Your arms - hold, cuddle, rock, love

## ONE MONTH



**YOUR BABY LIKES TO:**

1. Watch faces
2. Look up at moving, bright things
3. Hold things placed in hand

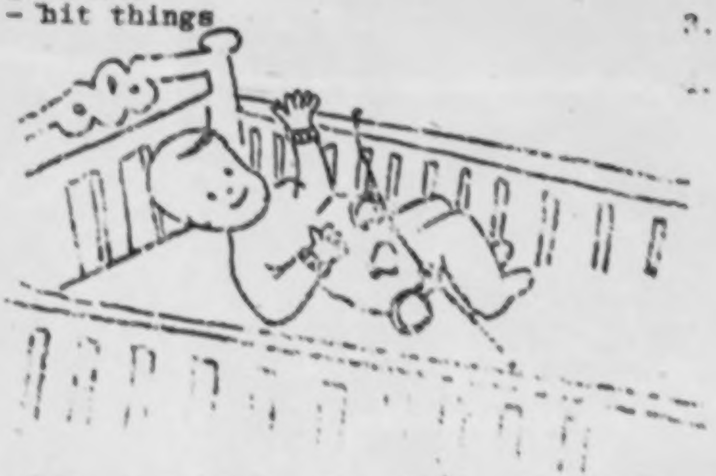
**GIVE YOUR BABY:**

1. Your face - to smile, talk, whisper, change expression
2. Toys hanging across crib
3. Small, safe rattles or things placed in baby's hand

## TWO MONTHS

**YOUR BABY LIKES TO:**

1. Smile back at you
2. Watch his/her hands
3. Make cooing sounds
4. Reach out - hit things



**GIVE YOUR BABY:**

1. Your smiles
2. Ribbon with bells tied loosely to wrist
3. You - to imitate baby sounds, soft, cuddly, music box toys.
4. Bright, noisy toys tied across crib

## THREE MONTHS

**YOUR BABY LIKES TO:**

1. Reach out for noise, shiny toys
2. Feel things with open hands
3. Suck on fingers
4. Laugh out loud

**GIVE YOUR BABY:**

1. Toys tied across crib, any safe noise or bright object
2. Ball of yarn or made of yarn
3. A little honey on fingers
4. Your voice, smiles, laughter

## FOUR MONTHS

**YOUR BABY LIKES TO:**

1. Stare at toy in hand
2. Reach for toys and let go
3. Lie on tummy, lift head and look around
4. Laugh, coo, gurgle, "talk"

**GIVE YOUR BABY:**

1. Small rattle baby can hold
2. Toys close by so baby can reach out, hold, drop
3. Time to play on tummy - interesting objects to look at
4. Your attention, your smiles and you to spend time talking back to baby

## FIVE MONTHS

**YOUR BABY LIKES TO:**

1. Roll from side to side - back to front
2. Shake, feel, bang, hold on to things
3. Sit with support
4. Blow "bubbles-raspberries"

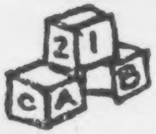
**GIVE YOUR BABY:**

1. Time to play on floor - play pen
2. Rattles, yarn balls, wooden spoon
3. A pillow placed behind baby
4. You to imitate baby and become excited over "bubbles and raspberries"

## SIX MONTHS

**YOUR BABY LIKES TO:**

1. Reach, hold, put things in mouth
2. Sit - leaning forward
3. Smile and "talk" to mirror
4. Transfer toys from hand to hand



**GIVE YOUR BABY:**

1. Safe objects that baby can hold and put in mouth
2. Playtime on floor
3. You and baby - play and "talk" time in front of mirror
4. Small, longer objects such as wooden spoon

## SEVEN MONTHS

**YOUR BABY LIKES TO:**

1. Sit alone
2. Play with feet and put them in his/her mouth
3. Say simple sounds: mama, dada

**GIVF YOUR BABY:**

1-2. Playtime on floor
3. You - to imitate and repeat baby's sounds
4. You - to play simple games such as "Where's baby?" and "peek-a-boo!"

## EIGHT MONTHS

**YOUR BABY LIKES TO:**

1. Drop toys and look for them
2. Show love for family but fears strangers
3. Crawl on belly
4. Drink from a cup with help

**GIVE YOUR BABY:**

1. Bouncy, noise toys, blocks
2. You - to be near baby when unfamiliar person approaches baby
3. Playtime on floor
4. Small plastic cup you can help baby hold

## NINE MONTHS

**YOUR BABY LIKES TO:**

1. Creep on hands and knees
2. Hear own name - stops, looks, smiles
3. Find things in a box
4. Play "pat-a-cake, peek-a-boo, so big, find mommy/daddy"

**GIVE YOUR BABY:**

1. Playtime on floor, outdoors, on grass
2. You - to ask "Where's _____?"
3. Shoe box with cover and interestomg things: ball, doll, noise or favorite toy, plastic cup
4. You - to play baby's games

## TEN MONTHS

**YOUR BABY LIKES TO:**

1. Pick up small objects with finger and thumb and poke finger into small openings
2. Cruise - walk around furniture or chairs
3. Bang toys together, drop, pick-up, and put into containers
4. Unwrap - find a toy

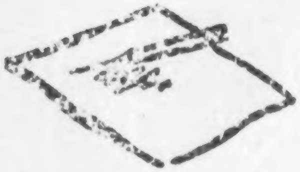
**GIVE YOUR BABY:**

1. Bits of yarn, Cheerios, plastic container lid with small holes
2. You - to put toy on furniture or chair so that baby has to walk to get it
3. Small toys, household objects, wooden spoon, plastic containers
4. You - to wrap a toy in kleenex, small cloth or a piece of paper

## ELEVEN MONTHS

**YOUR BABY LIKES TO:**

1. Use fingers to poke, dial, take things apart
2. Scribble on paper
3. Stand straight - holding on to furniture or your hand
4. "Talk" - raise and lower voice



**GIVE YOUR BABY:**

1. Plastic container with covers, toy phone, measuring cups
2. Crayon, paper and someone to scribble with baby
3. You - to encourage baby to stand
4. You - big brother/sister to "talk" back to baby, imitate baby's sounds noise and lower voice

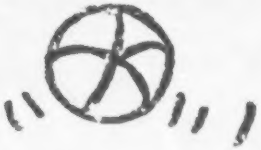
## TWELVE MONTHS

**YOUR BABY LIKES TO:**

1. Creep, cruise, stand alone or with support
2. Unwrap and find toys
3. Help with getting dressed
4. Say "mama or "dada" and two other words

**GIVE YOUR BABY:**

1. Playtime on floor, standing by furniture
2. Paper, kleenex, cloth and you to wrap toy
3. Loose clothing and your time so that baby can "help"
4. You to respond to "mama-dada" and to repeat words



## 13 - 15 MONTHS

**YOUR BABY LIKES TO:**

1. Stand up, sit down, stand alone
2. Feed self using spoon
3. Turn pages of book, point to pictures
4. Listen to, clap hands, try imitating nursery rhymes

**GIVE YOUR BABY:**

1. Playtime on floor, near furniture
2. You - to guide self-feeding
3. Storytime with parents, big brother/sister, grandparents
4. Nursery rhymes and song time - imitate clap hands, raise and lower voice, change facial expression, enjoy each other

## 16 - 18 MONTHS

**YOUR BABY LIKES TO:**

1. Drag and pull things behind him/her
2. Use water and sand
3. Find and point to one body part
4. Explore - get into everything

**GIVE YOUR BABY:**

1. Pull, push toys - any toy on wheels with string attached
2. Your supervision during sand and water play
3. You - play in front of mirror, touch nose on doll/mommy/daddy/grandparents
4. Baby proof home to make it safe and avoid accidents

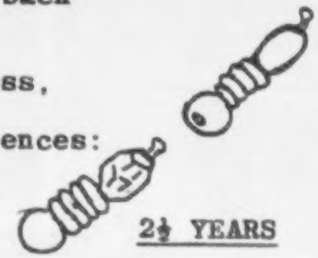
## 19 MONTHS - 2 YEARS

**YOUR BABY LIKES TO:**

1. Take things apart - put them back together again
2. Kick a large ball
3. Play in sand, dig, shovel, mess, build
4. Ask for things in simple sentences: "more juice"

**GIVE YOUR BABY:**

1. Building blocks, pop beads, measuring cups, containers
2. Large ball or beach ball
3. Sand box or outdoor play
4. You - to encourage baby to ask for things



## 2½ YEARS

**YOUR BABY LIKES TO:**

1. Use a "go cart" or ride toy
2. Imitate drawing 1 and O
3. Name familiar objects when asked
4. Eat with a fork

**GIVE YOUR BABY:**

1. A ride toy, toy car or horse child fit onto and can push with feet
2. Large pieces of paper, crayons, felt marker and you to help
3. You - grandparents to ask: "What is this?" -familiar objects: cup, spoon, ball, doll
4. Supervision when using a fork

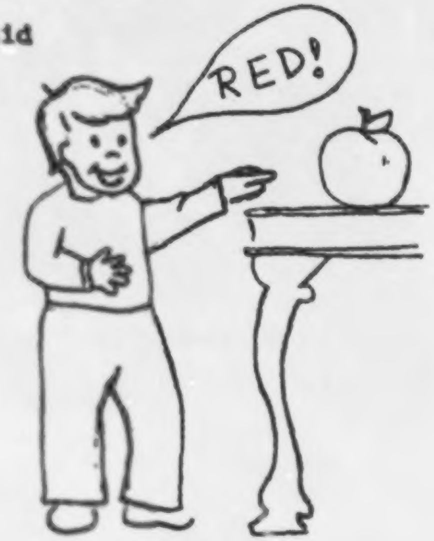
## 3 YEARS

**YOUR BABY LIKES TO:**

1. Name at least one color
2. Pedal a tricycle
3. Answers questions - uses three word sentences
4. Builds 3-block pyramid

**GIVE YOUR BABY:**

1. Toys, objects of the same color: you to ask: "give me the red ball, apple"
2. A tricycle, big wheels
3. You/grandparents to ask easy questions: "What swims?"
4. You/ big brother/sister to build and play with blocks



Each child develops at his or her own rate. Use this guide to enjoy and appreciate your child at his or her individual pace.

HELLO! We are starting to organize our parent meetings for the Fall. Having been very excited about Sarach Litch's curriculum, "Toward the Prevention of Mental Retardation," we would like to use her approach as a kick off point for our parent meeting topics.

Mrs. Litch's curriculum addresses the various roles we play as parents, such as: Mother and Father as Dieticians, Mother and Father as Teachers, Mother and Father as Household Managers.

Would you please take the time to number the following list in order of your preference. (Example: #1 - topic most interested in, #6 - topic least interested in.) To the right of the topic would you please share any and all ideas you have with regard to speakers appropriate for the topic, or any other suggestions.

THANK YOU for your cooperation! Because of you and your helpful suggestions we expect our meetings to be fun and informative for everyone.

| Order of Preference | Topics | Speakers/ Suggestions |
|---|---|---|
|  | Mother and Father in Their Role as Dieticians |  |
|  | Mother and Father in Their Role as Doctors |  |
|  | Mother and Father in Their Role as Household Managers |  |
|  | Mother and Father in Their Role as Teachers |  |
|  | Mother and Father in Their Role as Psychologists |  |
|  | Mother and Father in Their Role as Lawyers |  |

# CANTALICIAN CENTER FOR LEARNING
3233 MAIN STREET BUFFALO, NEW YORK 14214
FAMILY-INFANT PROGRAM

## Mother's Meetings Survey 1978-79

CHILD'S NAME ______________________________

### Sunday Evening Parent Meetings

Special topic meetings will be scheduled on the third Sunday of the month throughout the entire school year. The meetings will start at 7:00 p.m. and end promptly at 8:00 p.m. There will be approximately eight meetings during the year. Your attendance is important.

What topics do you suggest for your Sunday evening and regularly scheduled day-time parent meetings? Please indicate your choices 1-8.

___ Health - when do I call the doctor?

___ Prenatal care - what happens before a baby is born?

___ Behavior and discipline.

___ Feeding - how do I solve problems with feeding?

___ Safety for my child - at home, when traveling.

___ Toys - home made.

___ Toys - which toys are good for my child?

___ Fine Motor Development - how hand skills develop.

___ Thinking and perception - how does my child develop?

___ Exploring - how my child ___________
______________________________________

___ Nutrition - what foods are good for my child? How much? How often?

___ Pediatrician - open discussion - question and answer.

___ Language - how talking and understanding skills develop.

___ Social and emotional - how my child grows to know himself and others.

___ Gross Motor development - when and how rolling, sitting, crawling, creeping, walking happens.

___ Local community services - where can I go if my child needs special help?

___ Concerns as parents of a child with special needs.

___ Other ______________________________
____________________________________
____________________________________

The best days of the week to attend a parent meeting for me are: (Please indicate (1) first choice (2) second choice.) ___Monday; ___ Tuesday; ___ Wednesday; ___ Thursday; ___ Friday

The best time for me would be in ___the murning; ___ the afternoon.

How often do you think parent meetings for "moms" should be held: ___ once a week; ___ once every other week; ___ once a month.

Special guests I would like to conduct a Family-Infant Parent group meeting include:

# CANTALICIAN CENTER FOR LEARNING

## RECORD KEEPING

### Introduction

As parents of a delayed child you must become good record keepers. There is no escaping it. You will have to deal with a bewildering variety of professionals, service providers, and bureaucrats plus rules and regulations that become more complex every day. If you seek alternatives for your child, better services, or financial aid you will have to document your case and prove your point. You will have to have the facts. The problem is that all too many parents learn this the hard way, often when it is too late to do any good.

But keeping good records is difficult, and while a few people seem to be born record keepers, most of us need help to do a good job. We are going to provide some of that help here by getting you started early and helping you become more systematic. To focus your efforts we have identified three broad record keeping areas (medical, social/legal/financial, and education) where you will need records, and we have outlined some directions that will get you started. Your child's teacher or another staff member will provide additional help.

Don't wait for them. Get started now. Read this and organize what you already have.

### Directions

1. This system is aimed at keeping a record of your dealings with professionals and service providers. You will need other records too, for example, your child's medical history, developmental pattern, and progress in school.* If you do not already have those records, or a system for maintaining them, please ask your child's teacher for help.
2. Records can be kept on the pages which follow. Look at them. They are in a diary format with each page containing several blocks that have spaces for the date, the person or agency you contact, and your entry.
3. Keep records of:
   a) Telephone calls you make or receive that deal with services for your child.

---

*You have a right to examine all records that any agency keeps on your child. Many agencies will let you have copies of their records, sometimes for a small fee.

   b) Meetings you attend and appointments you keep that deal with services for your child.
   c) Letters you send or receive that deal with services for your child. Remember: Keeping records you will never use is better than not keeping the one record you need. If there is any question, keep a record!
4. To keep records:
   a) First enter the date and the person and/or agency with whom you are dealing. Be accurate about dates and names. If you are uncertain, do the best you can but include a question mark (?) to remind you that you are uncertain.
   b) Then under "Entry" briefly describe what happened. Generally include: purpose, recommendations, promises, and action taken. Use simple words, be specific and objective. Try to describe the actual behaviors and quote what people say. See the examples attached.
5. These pages will soon be filled so you may want to copy extras right now. Many stores have booklets in this format and you may be better off buying one of those to start with, or you may wish to buy a notebook. The point is that this will just get you started and some people have stopped when they run out of pages. Make sure you keep on going.
6. Original materials you receive are very important. Keep all letters, bills, documents, and reports. Space for that is not provided here. We recommend you buy cheap cardboard file systems and organize them by the categories we provide here.

## EXAMPLES

DATE: Sept. 3, 1979 Person/Agency: Miss Smith - John's Teacher

ENTRY: Met to discuss speech therapy for John. She said the school would do a diagnosis and make recommendations soon. They will contact me.

DATE: May 4, 1978 Person/Agency: Dr. Williams

ENTRY: Discussed diagnosis. He recommended physical therapy and made an appointment with Sue J., a physical therapist, for June 8.

REMEMBER
WRITE EVERYTHING DOWN!!
KEEP EVERYTHING!!
DATE EVERYTHING!!

## MEDICAL

Date:
Person/Agency:
ENTRY:

Date:
Person/Agency:
ENTRY:

Date:
Person/Agency:
ENTRY:

Date:
Person/Agency:
ENTRY:

Date:
Person/Agency:
ENTRY:

## SOCIAL/LEGAL/FINANCIAL

Date:
Person/Agency:
ENTRY:

Date:
Person/Agency:
ENTRY:

Date:
Person/Agency:
ENTRY:

Date:
Person/Agency:
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Date:
Person/Agency:
ENTRY:

# EDUCATION

| | |
|---|---|
| Date: | Person/Agency: |
| ENTRY: | |

| | |
|---|---|
| Date: | Person/Agency: |
| ENTRY: | |

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| Date: | Person/Agency: |
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| ENTRY: | |

# CANTALICIAN CENTER FOR LEARNING

## PLANNING

### Introduction

We assume that parents are responsible for their children and that they will want to be in charge of the things that affect their children's future. Problems will abound, decisions will have to be made, there will be alternatives and choices. If you want to be active and to choose thoughtfully you must look ahead. That's what planning is, and while it cannot insure success, planning's purpose is to make it more likely that things happen the way you want them to happen.

To help you plan we have devised a system that will get you started and provide a framework for focusing your planning efforts. We start by asking that you address two related questions: "What do we want to happen?" and "How can we help those things happen?" These questions are asked relative to six broad areas of concern. These areas are: Financial/Legal, Social Services/Medical, Education, Vocation, Living Independently, and Miscellaneous. You may not be concerned with all of these areas at first, but sooner or later you will be dealing with every one of them. The outline which follows will start you on your way.

### A Planning Process

Planning is not a simple 30-minute process that ends with a neat blueprint that has all the answers. Instead it takes time, doing and redoing. Use a small pencil and erase. Try to be systematic but do not become inflexible. Seek alternatives.

1. The first step is to get started. Pick one area where you have some concerns. Thinks about the near future rather than the distant future. What do you want to happen? List everything. The idea is to get everything down. That's the first step - one area, all your concerns, what you want to happen: big things, little things, everything. Write them on PLANNING WORKSHEET I.
   - Sometimes people also try to propose solutions at this step. DON'T DO THAT. That comes later.

- Sometimes people think of things in another area. Fine, before you forget it, write it down under that area.
- Many people think some of their things might be "silly, trite" or "unrealistic." Our feeling is that everything that is important to you cannot be silly, trite, or unrealistic, so write it all down. If you are still worried, just don't show it to anybody else.

2. When you are finished, put it away, rest for a while.
3. The next step is to decide what to do first. Our best advice is to plan first for those things you think will be easiest and then move to the more difficult things. The idea is to build your skill and your confidence. Go over your list, select one thing, transfer it - write it on PLANNING WORKSHEET II.
4. Before you think about what to do, spend a few minutes thinking about what you want to happen. Look at it, is that really it? Can you say it better? Can you be any clearer? For example, "Find another doctor" might really be "Find a doctor who will spend some time with me" or it might be "Find someone to tell me some things that I can do at home."
5. Next identify a series of steps that will take you from where you are to where you want to go. For example, you may want to find a dentist for your cerebral palsy child.

   First Step: Decide what I want in a dentist.
   - a) Close to home.
   - b) Reasonable costs, covered by Medicaid.
   - c) Experienced with children having cerebral palsy.

   Second Step: Collect names of dentists.
   - a) Talk to my dentist.
   - b) Call the United Cerebral Palsy Association.
   - c) Talk with parents of children with cerebral palsy.

   Third Step: Select a few dentists, talk to them and decide.
   - a) You can also plan by working backward from where you want to go to where you are. Using that system your steps would be the same as above, but your starting points would change. Whichever system you use, you should write the steps in the space provided on PLANNING WORKSHEET II.

6. Identifying steps can be easier if you are careful.
   a) Think of the big steps first. Then, if necessary, the big steps can be broken down.
   b) Sometimes there is no necessary order in the steps but often one step will lead to another.
   c) Be specific and concrete. Every step should have a verb, something you will do.
   d) Write everything down but leave room to stick things in. Ask someone you trust to react to your plan.

THEN DO IT

Too many people do not follow through. All they do is plan, or think about doing things. Planning without doing is a waste of time.

7. Keep your plans and be prepared to share them with others. There are few totally unique problems or goals, so you will be in a position to help others whose goals are similar to yours.
8. Periodically your child's teacher will offer to review your plans with you, and we will have at least one parent meeting to review efforts and to share successes. Plan to take part.
9. In addition to planning, we think that the parents of handicapped children need to become excellent record keepers. The two go hand-in-glove. Another section of this booklet will help you start.

# PLANNING WORKSHEET I

## WHAT DO WE WANT TO HAPPEN?

1)

2)

3)

4)

5)

6)

7)

8)

(You probably will have more than eight. Make up your own sheet and keep going.)

# PLANNING WORKSHEET II

THIS IS WHAT WE WANT TO HAPPEN

HOW DO WE HELP THIS HAPPEN?

(You will want to do more than one plan so make up your own sheet and keep going.)

CANTALICIAN CENTER FOR LEARNING
3233 MAIN STREET BUFFALO, NEW YORK 14214
FAMILY-INFANT PROGRAM

# DESCRIPTION AND INFORMATION ABOUT INSTRUCTIONAL PROGRAMS

(Baseline Data Collection and Parent Training)

## Description and Information about Instructional Programs:

I· **GOAL**: To establish a detailed instructional program in which data can be simultaneously collected.

II **METHOD**: An instructional program sheet will be used for each instructional task. (See appendix i.)

IT SHOULD BE NOTED THAT ALL OF THE INSTRUCTORS' NAMES SHOULD BE RECORDED AT THE TOP OF THE SHEET - PARENTS, SIBLINGS, TEACHERS, ETC.

### A. Prompt Levels:

In the upper right hand corner are listed each of the prompt levels we will be using to teach a skill and to record the data. Generally speaking, they are those teaching cues we will be giving to the learner. (See appendix ii.)

By circling the initial assigned to each prompt level (S,C,G,M,P,T) on the right hand portion of the sheet, we will be able to exactly record the learner's behavior. The date the programs were given and the initials of the instructor will be listed above each column.

### B. Task Analyzing the Program:

Each program (or task) we are going to teach is "task-analyzed: or broken down into separate steps; those steps being the numbered items on the front of the sheet and continued on the back. For example, let us assume we are teaching the learner how to wash his/her face and hands, the first few steps might be listed as:

1) Goes to sink in bathroom
2) Turns on faucet
3) Picks up soap.

By isolating and sequencing these separate steps, we will be able to successfully teach the task.

### C. Data Collection:

1) For each step the instructor will circle the prompt level used. For example, if in washing his/her face and hands, the learner goes to the after the command "Go to the sink" we will circle the circle "C". After the entire program sheet is completed (total of 15) the instructor will connect the circled prompt levels of each step. This will enable us to graphically observe how the learner is responding to our program. (See appendix III.)
2) Baseline Date: To obtain a baseline evaluation on the instructional program, each program will be administered three times on two separate days (total six). After six trials, a vertical line will be drawn down the sheet to visually separate the baseline from the rest of the program. In order to obtain this baseline information, it will be necessary for the instructor to go through each of the prompt levels for each step of the program.

3) Reliability: Estimates of inter-rater reliability must be established at least twice for every ten days on which data is collected. Follow the below guidelines:

   a) The other rater may be a parent, another staff member, a voluntter or another individual identified for the task.

   b) The other rater must be supplied with a rating sheet and must be informed of the task which is to be observed.

   c) Their observation is to be recorded on the program sheet on the same column on which the teacher's observation is recorded. An "X" will be used to record the reliability observation, and the observer should initial the observation.

## D. Reinforcement:

After the baseline is established it is imperative to reward the learner throughout the teaching program. Specific rewards will vary with each individual learner, such as, clapping hands, rubbing the face, hugs, treats, etc. However, it should be kept in mind that verbal priase such as, "Good Joh, you picked up the soap" should accompany all rewards.

## E. Results:

The instructional program sheets we are using will be able to give us valuable information. Some of this information is listed below:

1) How an instructional task can be broken down into isolated and sequential steps.
2) Whether we are properly task analyzing or breaking down a task.
3) Whether the instructional program chosen is too simple or too difficult for a learner.
4) How each learner performs on those separate steps.
5) How each learner improves on separate steps of a task.
6) Whether we are properly rewarding a behavior.

# APPENDIX ii

## PROMPT LEVELS

### PROMPT LEVEL S: - SELF INITIATES

At this level, the instructor will use no physical, gestural or verbal cues to encourage the learner to perform the task independently. The learner, on his own, either because of meeting his basic needs or based upon past learning experiences, will perform the task independently. Example: John is able to complete the pick up the soap step, within the overall hands and face washing program, without being prompted.

### PROMPT LEVEL C: - COMMAND ONLY

At this level, the instructor uses only a verbal cue to encourage the learner to perform the task independently. Example: Give verbal cue, "John, pick up the soap." The learner will pick up the soap.

### PROMPT LEVEL G: - COMMAND AND GESTURE

At this level, the instructor will simultaneously give the verbal cue while pointing to the physical object that is to be manipulated. Example: Give verbal cue, "John, pick up the soap," while pointing to the soap. Learner will pick up the soap.

### PROMPT LEVEL M: - COMMAND AND MODEL

At this level, the instructor will give a verbal cue and demonstrate the task for the learner. Example: Instructor gives verbal cue, "Joh, pick up the soap," while modeling the task. The instructor then replaces the soap and the learner completes the task.

### PROMPT LEVEL P: - PARTICAL PHYSICAL ASSISTANCE

At this level, the instructor senses some awareness on the part of the learner. The instructor will simultaneously give verbal cues and physically manipulate the learner. Example: Give the verbal directions, "John, pick up the soap," and physically place your hand over the learner's hand, manipulate his fingers to grasp the soap, and continue to give hand-over-hand assistance to pick up the soap.

### PROMPT LEVEL T: - TOTAL PHYSICAL ASSISTANCE

At this level, the instructor senses no awareness on the part of the learner. The instructor will simultaneously give verbal cues and physically manipulate the learner. Example: Give the verbal directions, "John, pick up the soap," and physically place your hand over the learner's hand, manipulate his fingers to grasp the soap, and continue to give hand-over-hand assistance to pick up the soap.

# APPENDIX D

## Infant Training

Vulpe Adaptation: Infants, Working Draft
Vulpe Adaptation: Toddlers, Draft II
Individualized Education Plan
Physical Therapy Assessment Form
Audiological Screen for Infants
Policy: Objectives
Individual Goal Sheet
Infant Progress Report
Selected Activities from the Infant Curriculum

September 1980

# CANTALICIAN CENTER FOR LEARNING
# FAMILY-INFANT PROGRAM DEVELOPMENTAL CHECKLIST*

*Adapted from: The Vulpe Assessment Battery
(Second Edition)
By Shirley German Vulpe
National Institute on Mental Retardation
Toronto, Ontario, Canada

This is a working draft for internal use only.
It cannot be copied or given to others.

We wish to acknowledge our debt to the Vulpe Scale which is the sole source of this effort. We adopted items from the scale, made adaptations to many others, and omitted some. The order of items within the scales has been retained. Finally, we put everything into this format which our parents and staff are comfortable using.

GROSS MOTOR - Held
Lying

| | | | | | | | | | | | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Held Held at shoulder: Momentarily lifts head, holds it erect and vertical in line with body (0-1) | | | | | | | | | | |
| 2 | Suspended head down: keeps head vertical in line with body (0-1) | | | | | | | | | | |
| 3 | Lifts head momentarily when suspended head down (1-2) | | | | | | | | | | |
| 4 | Held at shoulder: momentarily holds head erect and steady (1-2) | | | | | | | | | | |
| 5 | Held at shoulder: head erect at midline for several minutes (1-2) | | | | | | | | | | |
| 6 | Suspended in prone position: lifts head momentarily, head usually level with trunk (1-2) | | | | | | | | | | |
| 7 | Suspended in prone position: holds head above level of body (3-4) | | | | | | | | | | |
| 8 | Held upright under arms: head upright, no wobbling (5-6) | | | | | | | | | | |
| 9 | Lying Supine: turns head through 90° range (0-1) | | | | | | | | | | |
| 10 | Supine: Kicks legs in sequence (0-1) | | | | | | | | | | |
| 11 | Supine: Flexes or bends whole body, arms and legs | | | | | | | | | | |
| 12 | Supine: extends or straightens body, arms and legs slightly bent or in extension (0-1) | | | | | | | | | | |
| 13 | Prone: turns head from side to side (0-1) | | | | | | | | | | |
| 14 | Prone: Moves arms and legs in crawling movements (0-1) | | | | | | | | | | |
| 15 | Prone: Leg thrusts in play or kicks legs playfully (0-1) | | | | | | | | | | |
| 16 | Prone: momentarily lefts head, chin clearing surface (0-1) | | | | | | | | | | |
| 17 | Supine: turns head vigorously from side to side (1-2) | | | | | | | | | | |
| 18 | Supine: moves arms energetically (1-2-) | | | | | | | | | | |
| 19 | Prone: lifts head in midline and erect (1-2) | | | | | | | | | | |
| 20 | On side: turns from side to back (1-2) | | | | | | | | | | |
| 21 | Supine: holds arms and hands in midline (1-2) | | | | | | | | | | |

## GROSS MOTOR - Lying

| | | | | | | | | | | | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 22 | Supine: holds head in midline (1-2) | | | | | | | | | | |
| 23 | Prone: lifts head to $20^0$-$30^0$ angle and holds for ten seconds (1-2) | | | | | | | | | | |
| 24 | Prone: momentarily lifts chest, pushing with arms balance unsteady (1-2) | | | | | | | | | | |
| 25 | Prone: kicks legs alternately (1-2) | | | | | | | | | | |
| 26 | Supine: moves arms and legs symmetrically (3-4) | | | | | | | | | | |
| 27 | Supine: turns head from side to side through $180^0$ angle (3-4) | | | | | | | | | | |
| 28 | Supine: rolls from back to side and returns (3-4) | | | | | | | | | | |
| 29 | Prone: rolls from stomach to side and returns (3-4) | | | | | | | | | | |
| 30 | Supine: arms bent, close to chest (3-4) | | | | | | | | | | |
| 31 | Supine: legs bent and together, hips lowered (3-4) | | | | | | | | | | |
| 32 | Supine: lifts legs from surface (3-4) | | | | | | | | | | |
| 33 | Prone: lifts and turns head side to side through $180^0$ angle (3-4) | | | | | | | | | | |
| 34 | Prone: makes swimming movement with trunk and legs (3-4) | | | | | | | | | | |
| 35 | Prone: resting on forearms, raises head, shoulders and chest, balance unsteady (3-4) | | | | | | | | | | |
| 36 | Prone: arms held symmetrically about head (3-4) | | | | | | | | | | |
| 37 | Supine: rolls from back to side to other side (4-5) | | | | | | | | | | |
| 38 | Supine: attempts to lift head and shoulders to sit (4-5) | | | | | | | | | | |
| 39 | Prone: purposeful kicking of object (4-5) | | | | | | | | | | |
| 40 | Prone: supported on elbows, lifts head and chest $50^0$ to $90^0$ (4-5) | | | | | | | | | | |
| 41 | Prone: rolls from stomach to back (5-6) | | | | | | | | | | |
| 42 | Supine: rolls from back to stomach (5-6) | | | | | | | | | | |

GROSS MOTOR - Lying
Sitting

| | | | | | | | | | | | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 43 | Prone: turns body by pivoting action (5-6) | | | | | | | | | | |
| 44 | Prone: reaches for object with arm or leg (5-6) | | | | | | | | | | |
| 45 | Prone: pushes backwards using arms and legs (5-6) | | | | | | | | | | |
| 46 | Prone: Reaches with one arm while supporting body weight on forearm (5-6) | | | | | | | | | | |
| 47 | Supine: lifts head off of surface momentarily (6-7) | | | | | | | | | | |
| 48 | Prone: extends arms, supports body weight on both hands (6-7) | | | | | | | | | | |
| 49 | Prone: complete roll, stomach to back to stomach (6-7) | | | | | | | | | | |
| 50 | Prone: moves short distance by rolling, creeping, pivoting (6-7) | | | | | | | | | | |
| 51 | Prone: assumes creeping position, rocks back and forth (7-8) | | | | | | | | | | |
| 52 | Prone: belly crawls (7-8) | | | | | | | | | | |
| 53 | Uses crawler (7-8) | | | | | | | | | | |
| 54 | Prone: Moves to sitting position and back to prone independently (7-8) | | | | | | | | | | |
| 55 | Creeping: body off floor, alternating movement of arms and legs (10-11) | | | | | | | | | | |
| 56 | Sitting<br>Pulled to sitting: head lag or head falls backward (0-1) | | | | | | | | | | |
| 57 | Support sitting: head falls forward markedly (0-1) | | | | | | | | | | |
| 58 | Pulled to sitting: head lag, some attempts to right head (1-2) | | | | | | | | | | |
| 59 | Support sitting: beginning to hold head erect with some head bobbing (1-2) | | | | | | | | | | |
| 60 | Support sitting: turns head freely with good control (3-4) | | | | | | | | | | |
| 61 | Sitting with support (pillows): sits for 15 minutes (3-4) | | | | | | | | | | |
| 62 | Support sitting: head steady, shoulders and lower back slightly rounded (3-4) | | | | | | | | | | |
| 63 | Support sitting: reaches forward and backward for object (3-4) | | | | | | | | | | |

## GROSS MOTOR - Sitting
## Standing, walking, kneeling

| | | | | | | | | | | | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 64 | Pulled to sitting: slight head lag but maintains head control (3-4) | | | | | | | | | | |
| 65 | Pulled to sitting: attempts to assist in pulling (4-5) | | | | | | | | | | |
| 66 | Supine: Reaches with arms, lifts head in anticipation of being pulled to sitting (4-5) | | | | | | | | | | |
| 67 | Support sitting: holds head erect indefinitely (4-5) | | | | | | | | | | |
| 68 | Supine: attempts to pull self to sitting while pulling on outstretched hands (5-6) | | | | | | | | | | |
| 69 | Supine, pulled to sitting: head steady while pulled upright (5-6) | | | | | | | | | | |
| 70 | Sitting with slight support: sits with minimal support (5-6) | | | | | | | | | | |
| 71 | Sitting in chair: head erect, steady and back straight (5-6) | | | | | | | | | | |
| 72 | Sits unsupported for a few seconds using hands (5-6) | | | | | | | | | | |
| 73 | Sits unsupported for 30 seconds or more (6-7) | | | | | | | | | | |
| 74 | Support sitting: head erect, back straight, leans forward to obtain object (6-7) | | | | | | | | | | |
| 75 | Sits independently without hand support for several minutes (7-8) | | | | | | | | | | |
| 76 | Sits cross-legged, legs straight in front or may have preferred position (7-8) | | | | | | | | | | |
| 77 | Sits indepedently in chair (7-8) | | | | | | | | | | |
| 78 | Sitting: maintains balance while rotating body to reach for object (7-8) | | | | | | | | | | |
| 79 | Supine: sits up by pushing up with hands (10-11) | | | | | | | | | | |
| 80 | Uses backless, straight swing, swings and maintains balance (30-36) | | | | | | | | | | |
| 81 | Standing, walking, kneeling - Support standing: tilted forward, makes stepping movements with legs (0-1) | | | | | | | | | | |
| 82 | Support standing: bears small fraction of own weight (1-2) | | | | | | | | | | |
| 83 | Support standing: straightens legs by pushing with feet (3-4) | | | | | | | | | | |
| 84 | Support standing: rises to tiptoes occasionally (3-4) | | | | | | | | | | |

## GROSS MOTOR - Standing, walking, kneeling

| | | | | | | | | | | | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 85 | Support standing: lifts legs and curls toes occasionally (3-4) | | | | | | | | | | |
| 86 | Prone: crawling posture, moves one knee forward, no lifting of obdomen (6-7) | | | | | | | | | | |
| 87 | Support standing: bounces, bears large portion of body on feet (6-7) | | | | | | | | | | |
| 88 | Sitting or kneeling, pulls self to standing using furniture or object (7-8) | | | | | | | | | | |
| 89 | Standing when held by hand: bears full weight on feet, legs wide apart, unable to let self down (7-8) | | | | | | | | | | |
| 90 | Support standing: bends, bounces while bearing own weight (7-8) | | | | | | | | | | |
| 91 | Support standing: makes stepping movements (9-10) | | | | | | | | | | |
| 92 | Support standing: lowers self to sitting (9-10) | | | | | | | | | | |
| 93 | Takes a few steps while holding onto one hand (10-11) | | | | | | | | | | |
| 94 | Takes a few steps from one person to another. (10-11) | | | | | | | | | | |
| 95 | Takes a few steps independently (10-11) | | | | | | | | | | |
| 96 | Uses furniture to pull to standing (10-11) | | | | | | | | | | |
| 97 | Support standing: leans forward, recovers balance without falling (10-11) | | | | | | | | | | |
| 98 | Support standing: leans backward, recovers balance without falling (10-11) | | | | | | | | | | |
| 99 | Support standing: leans to each side, recovers balance without falling (10-11) | | | | | | | | | | |
| 100 | Stands with good balance while holding on with one hand (10-11) | | | | | | | | | | |
| 101 | Prone: gets to kneeling independently (12-13) | | | | | | | | | | |
| 102 | Kneels with good balance for several minutes (12-13) | | | | | | | | | | |
| 103 | Moves forward on knees a short distance (12-13) | | | | | | | | | | |
| 104 | Walking with support (12-13) | | | | | | | | | | |
| 105 | Walks alone 5 steps or more (12-13) | | | | | | | | | | |

## GROSS MOTOR - Standing, walking, kneeling

|  |  |  |  |  |  |  |  |  |  |  | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 106 | Cruising: sidesteps while holding onto furniture (12-13) |  |  |  |  |  |  |  |  |  |  |
| 107 | Stands independently momentarily (12-13) |  |  |  |  |  |  |  |  |  |  |
| 108 | Standing: shifts weight from one foot to the other (12-13) |  |  |  |  |  |  |  |  |  |  |
| 109 | Using hands only, goes from sitting to standing (12-13) |  |  |  |  |  |  |  |  |  |  |
| 110 | Standing: stoops to pick up object from floor (12-13) |  |  |  |  |  |  |  |  |  |  |
| 111 | Standing: lowers self to sitting without support (12-13) |  |  |  |  |  |  |  |  |  |  |
| 112 | Stoops, stands and continues walking (13-14) |  |  |  |  |  |  |  |  |  |  |
| 113 | Walks sideways, no falling (14-15) |  |  |  |  |  |  |  |  |  |  |
| 114 | Walks backwards, no falling (14-15) |  |  |  |  |  |  |  |  |  |  |
| 115 | Walks while pulling toy (14-15) |  |  |  |  |  |  |  |  |  |  |
| 116 | Walking pattern: heel-toe gait (14-15) |  |  |  |  |  |  |  |  |  |  |
| 117 | Standing position: uses hands to stop fall (14-15) |  |  |  |  |  |  |  |  |  |  |
| 118 | Seats self in small chair (14-15) |  |  |  |  |  |  |  |  |  |  |
| 119 | Mounts and rocks in small rocking chair or horse (14-15) |  |  |  |  |  |  |  |  |  |  |
| 120 | Kicks a ball (15-18) |  |  |  |  |  |  |  |  |  |  |
| 121 | Imitates throwing ball overhead (15-18) |  |  |  |  |  |  |  |  |  |  |
| 122 | Stands on one foot with help momentarily (15-18) |  |  |  |  |  |  |  |  |  |  |
| 123 | Standing position: reaches forward and backward for distant objects with trunk rotation and with support (15-18) |  |  |  |  |  |  |  |  |  |  |
| 124 | Throws ball into container, once in three attempts (15-18) |  |  |  |  |  |  |  |  |  |  |
| 125 | Rides kiddy-car (no pedals) (15-18) |  |  |  |  |  |  |  |  |  |  |
| 126 | Walks several steps, one foot on walking board and one on floor (18-24) |  |  |  |  |  |  |  |  |  |  |

## GROSS MOTOR - Standing, walking, kneeling
## Stairs, running, jumping

| | | | | | | | | | | | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 127 | Standing position: crosses feet, no falling or loss of balance (18-24) | | | | | | | | | | |
| 128 | Walks on line, general direction (18-24) | | | | | | | | | | |
| 129 | Pushes and pulls large objects (18-24) | | | | | | | | | | |
| 130 | Pedals tricycle, 10 feet or more and turns wide corners (18-24) | | | | | | | | | | |
| 131 | Gets down from adult chair, no help (18-24) | | | | | | | | | | |
| 132 | Walks carrying large objects (18-24) | | | | | | | | | | |
| 133 | Walks on tiptoe, short distance, no falling (18-24) | | | | | | | | | | |
| 134 | Squats in play (18-24) | | | | | | | | | | |
| 135 | Stands on left foot alone for several seconds (18-24) | | | | | | | | | | |
| 136 | Stands on right foot alone for several seconds (18-24) | | | | | | | | | | |
| 137 | Standing: bends at waist to pick up object, no falling or losing balance (18-24) | | | | | | | | | | |
| 138 | Stands with both feet on walking board, 10 seconds (24-30) | | | | | | | | | | |
| 139 | Standing position: reaches for distant object without holding on for support, with exaggerated trunk motion (24-30) | | | | | | | | | | |
| 140 | Walks backwards 10 feet (24-30) | | | | | | | | | | |
| 141 | Walks down stairs, non-alternating feet, without holding railing (24-30) | | | | | | | | | | |
| 142 | Walks part way on walking board, one foot in front of the other (30-36) | | | | | | | | | | |
| 143 | Walks on line 10 feet, each foot on line (30-36) | | | | | | | | | | |
| 144 | Walks on tiptoe 10 feet, no falling or loss of balance (30-36) | | | | | | | | | | |
| 145 | Climbs over, under, around obstacles (30-36) | | | | | | | | | | |
| 146 | Stairs, running, jumping Crawls up stairs several steps (12-13) | | | | | | | | | | |
| 147 | Walks up stairs holding onto rail, non-alternating feet (13-14) | | | | | | | | | | |

| | GROSS MOTOR - Stairs, running, jumping | | | | | | | | | | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 148 | Crawls down stairs (13-14) | | | | | | | | | | |
| 149 | Runs but may fall (15-18) | | | | | | | | | | |
| 150 | Imitates jumping over objects (15-18) | | | | | | | | | | |
| 151 | Walks up stairs, alternating feet and using handrail (18-24) | | | | | | | | | | |
| 152 | Walks down stairs, alternating feet and using handrail (18-24) | | | | | | | | | | |
| 153 | Runs, occasional falls (18-24) | | | | | | | | | | |
| 154 | Runs and stops on command (18-24) | | | | | | | | | | |
| 155 | Jumps off floor with both feet (18-24) | | | | | | | | | | |
| 156 | Runs, stops, starts, avoids obstacles (24-30) | | | | | | | | | | |
| 157 | Runs, changes direction without stopping (24-30) | | | | | | | | | | |
| 158 | Jumps with both feet from 6 inch step, maintains balance upon landing (24-30) | | | | | | | | | | |
| 159 | Jumps, feet together from 8-10 inch step, maintains balance upon landing (24-30) | | | | | | | | | | |
| 160 | Jumps forward 4-14 inches (24-30) | | | | | | | | | | |
| 161 | Jumps into air 8 inches,feet together (24-30) | | | | | | | | | | |
| 162 | Hops several times on one foot, no falling or losing balance (24-30) | | | | | | | | | | |
| 163 | Jumps over two-foot height without falling (30-36) | | | | | | | | | | |
| 164 | Jumps forward 14-18 inches (30-36) | | | | | | | | | | |
| 165 | Jumps forward 24-34 inches (30-36) | | | | | | | | | | |
| 166 | Hops forward on one foot short distance (30-36) | | | | | | | | | | |
| 167 | Walks up stairs, may/may not hold onto rail, alternating feet (30-36) | | | | | | | | | | |
| 168 | Walks down stairs, may/may not hold onto rail, alternating feet (30-36) | | | | | | | | | | |

GROSS MOTOR - Stairs, running, jumping

| | | | | | | | | | | | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 169 | Runs in adult pattern, toes touching ground first (30-36) | | | | | | | | | | |

|  | FINE MOTOR |  |  |  |  |  |  |  |  |  | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Regards bright object momentarily (0-1) |  |  |  |  |  |  |  |  |  |  |
| 2 | Regards face momentarily (0-1) |  |  |  |  |  |  |  |  |  |  |
| 3 | Tracks bright object horizontally (0-1) |  |  |  |  |  |  |  |  |  |  |
| 4 | Tracks person horizontally (0-1) |  |  |  |  |  |  |  |  |  |  |
| 5 | Tracks bright object vertically (0-1) |  |  |  |  |  |  |  |  |  |  |
| 6 | Thrusts arm in play (0-1) |  |  |  |  |  |  |  |  |  |  |
| 7 | Makes brief attempt to grasp object (0-1) (hand touched with object) |  |  |  |  |  |  |  |  |  |  |
| 8 | Moves hands to mouth (0-1) |  |  |  |  |  |  |  |  |  |  |
| 9 | Object presented to side, reaches with hand on that side (0-1) |  |  |  |  |  |  |  |  |  |  |
| 10 | Object presented to midline, reaches with two hands (0-1) (contact made 40° of time) |  |  |  |  |  |  |  |  |  |  |
| 11 | Observes own hands (0-1) |  |  |  |  |  |  |  |  |  |  |
| 12 | Looks back and forth between hand and object (0-1) |  |  |  |  |  |  |  |  |  |  |
| 13 | Circular tracking of bright object (1-2) |  |  |  |  |  |  |  |  |  |  |
| 14 | Visually inspects surroundings (1-2) |  |  |  |  |  |  |  |  |  |  |
| 15 | Moves eyes toward flashlight to left and right sides (1-2) |  |  |  |  |  |  |  |  |  |  |
| 16 | Blinks eyes at shadow of hand (1-2) |  |  |  |  |  |  |  |  |  |  |
| 17 | Horizontal tracking of bright object in 180° arc (2-3) |  |  |  |  |  |  |  |  |  |  |
| 18 | Turns eyes toward sound (2-3) |  |  |  |  |  |  |  |  |  |  |
| 19 | Glances from one bright object to another (2-3) |  |  |  |  |  |  |  |  |  |  |
| 20 | Responds visually to bright object (2-3) (increased activity, vocalizations) |  |  |  |  |  |  |  |  |  |  |
| 21 | Grasps object momentarily (2-3) |  |  |  |  |  |  |  |  |  |  |

| | FINE MOTOR | | | | | | | | | | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 22 | Clasps hands, playing with finger at midline (2-3) | | | | | | | | | | |
| 23 | Grasps or touches dangling bright object (2-3) | | | | | | | | | | |
| 24 | Tracks ball horizontally rolled table (3-4) | | | | | | | | | | |
| 25 | Head follows dangling bright object (3-4) | | | | | | | | | | |
| 26 | Head follows, eyes track dangling bright object (3-4) | | | | | | | | | | |
| 27 | Reaches for object with open hand (3-4) | | | | | | | | | | |
| 28 | Holds toy in palm of hand with support of fingers (3-4) | | | | | | | | | | |
| 29 | Grasps bright object and moves to mouth (3-4) | | | | | | | | | | |
| 30 | Removes bright object placed on chest (3-4) | | | | | | | | | | |
| 31 | Manipulates toys, objects (3-4) | | | | | | | | | | |
| 32 | Observes small object (4-5) (raisin, pellet) | | | | | | | | | | |
| 33 | Begins reaching with two hands, grasping ocassionally (4-5) | | | | | | | | | | |
| 34 | Reaches from various positions, grasping occasionally (4-5) | | | | | | | | | | |
| 35 | Reaches for moving objects (4-5) | | | | | | | | | | |
| 36 | Grasps moving object (4-5) | | | | | | | | | | |
| 37 | Holds two blocks, one in each hand (4-5) | | | | | | | | | | |
| 38 | Two handed grasp of object (4-5) | | | | | | | | | | |
| 39 | Grasps object with movement of thumb towards fingers (4-5) | | | | | | | | | | |
| 40 | Actively manipulates objects (4-5) | | | | | | | | | | |
| 41 | Manipulative play (4-5) | | | | | | | | | | |
| 42 | Looks for fallen object (5-6) (turns head, follows movement with eyes) | | | | | | | | | | |

## FINE MOTOR

| | | | | | | | | | | | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 43 | Attends to scribbling (5-6) | | | | | | | | | | |
| 44 | Turns wrist during play (5-6) | | | | | | | | | | |
| 45 | Picks up object, using palm, fingers and thumb (5-6) | | | | | | | | | | |
| 46 | Reaches for object over and over again (5-6) | | | | | | | | | | |
| 47 | Reaches and picks up two objects (5-6) | | | | | | | | | | |
| 48 | Picks up object directly (5-6) | | | | | | | | | | |
| 49 | Rakes or scoops small object (5-6) (raisin, pellet) | | | | | | | | | | |
| 50 | Lifts cup with handle (5-6) | | | | | | | | | | |
| 51 | Lifts inverted cup (5-6) | | | | | | | | | | |
| 52 | Pulls object using arms and hands (5-6) | | | | | | | | | | |
| 53 | Transfers object from hand to hand (5-6) | | | | | | | | | | |
| 54 | Bangs objects together (5-6) | | | | | | | | | | |
| 55 | Manipulates string (5-6) | | | | | | | | | | |
| 56 | Prone: one hand holds up head and trunk, other reaches for object (5-6) | | | | | | | | | | |
| 57 | Adjusts grasp to size and shape of objects (5-6) | | | | | | | | | | |
| 58 | Picks up small object, several fingers opposed to thumb (6-7) (raisin, pellet) | | | | | | | | | | |
| 59 | Grips object, thumb bent toward palm (6-7) | | | | | | | | | | |
| 60 | Head moves, arms held stationary (6-7) | | | | | | | | | | |
| 61 | Lifts large object, using shoulder control (6-7) | | | | | | | | | | |
| 62 | Reaches with bent elbow (6-7) | | | | | | | | | | |
| 63 | Reaches across midline (6-7) | | | | | | | | | | |

|  | FINE MOTOR |  |  |  |  |  |  |  |  |  | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 64 | Picks up small object, thumb and fingers completely opposed (7-8) - (raisin, pellet) |  |  |  |  |  |  |  |  |  |  |
| 65 | Attempts to secure three objects, holding two in one hand (7-8) |  |  |  |  |  |  |  |  |  |  |
| 66 | Left or right hand preference (7-8) |  |  |  |  |  |  |  |  |  |  |
| 67 | Explores objects with hands and mouth (7-8) |  |  |  |  |  |  |  |  |  |  |
| 68 | Plays with three objects (7-8) (touches together, combined) |  |  |  |  |  |  |  |  |  |  |
| 69 | Adjusts grasp to weight of object (8-9) |  |  |  |  |  |  |  |  |  |  |
| 70 | Begins releasing objects (8-9) |  |  |  |  |  |  |  |  |  |  |
| 71 | Releases and throws toys with little direction (8-9) |  |  |  |  |  |  |  |  |  |  |
| 72 | Uses forefinger in manipulating small objects (8-9) (raisin, pellet) |  |  |  |  |  |  |  |  |  |  |
| 73 | Imitates pat-a-cake (8-9) |  |  |  |  |  |  |  |  |  |  |
| 74 | Imitates sticking out tongue (9-10) |  |  |  |  |  |  |  |  |  |  |
| 75 | Imitates side to side movement of tongue (9-10) |  |  |  |  |  |  |  |  |  |  |
| 76 | Imitates placing tongue on roof of mouth (9-10) |  |  |  |  |  |  |  |  |  |  |
| 77 | Imitates tearing paper, using two hands (9-10) |  |  |  |  |  |  |  |  |  |  |
| 78 | Voluntary release of large objects into containers (10-11) |  |  |  |  |  |  |  |  |  |  |
| 79 | Grasps with one hand while reaches with the other (11-12) |  |  |  |  |  |  |  |  |  |  |
| 80 | Adjusts grasp to weight of object, arm tension adjusts in advance (11-12) |  |  |  |  |  |  |  |  |  |  |
| 81 | Picks up small object, using thumb and forefinger (11-12) (raisin, pellet) |  |  |  |  |  |  |  |  |  |  |
| 82 | Strength of grasp adjusted to weight of object (11-12) |  |  |  |  |  |  |  |  |  |  |
| 83 | Voluntary release of small objects into container (11-12) |  |  |  |  |  |  |  |  |  |  |
| 84 | Holds crayon in writing position (11-12) |  |  |  |  |  |  |  |  |  |  |

| | FINE MOTOR | | | | | | | | | | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 85 | Imitates scribbling (11-12) | | | | | | | | | | |
| 86 | Pushes car back and forth (11-12) | | | | | | | | | | |
| 87 | Places rings on peg (11-12) | | | | | | | | | | |
| 88 | Turns pages of a book, 2 or 3 at a time (11-12) | | | | | | | | | | |
| 89 | Imitates lifting lid of small box (11-12) | | | | | | | | | | |
| 90 | Dumps small object out of bottle (12-13) | | | | | | | | | | |
| 91 | Throws small ball while sitting (12-13) | | | | | | | | | | |
| 92 | Releases half inch objects into container with small opening (13-14) | | | | | | | | | | |
| 93 | Imitates ball bhrowing while standing (13-14) | | | | | | | | | | |
| 94 | Imitates building a tower of two blocks (13-14) | | | | | | | | | | |
| 95 | Spontaneous scribble (13-14) | | | | | | | | | | |
| 96 | Imitates placing lid on round box (13-14) | | | | | | | | | | |
| 97 | Builds tower of three blocks (16-17) | | | | | | | | | | |
| 98 | Imitates pulling apart pop-it beads (16-17) | | | | | | | | | | |
| 99 | Adjusts grasp to weight and length of object (17-18) | | | | | | | | | | |
| 100 | Nesting of four cups (17-18) | | | | | | | | | | |
| 101 | Places chips in slot (17-18) | | | | | | | | | | |
| 102 | Strings one inch bead (17-18) | | | | | | | | | | |
| 103 | Imitates vertical stroke (17-18) | | | | | | | | | | |
| 104 | Builds tower of four blocks (17-18) | | | | | | | | | | |
| 105 | Turns door knob to open door (18-24) | | | | | | | | | | |

|  | FINE MOTOR |  |  |  |  |  |  |  |  |  | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 127 | Drawings resemble familiar objects (18-24) (may be slight resemblance) |  |  |  |  |  |  |  |  |  |  |
| 128 | Builds tower of eight blocks (24-30) |  |  |  |  |  |  |  |  |  |  |
| 129 | Imitates building three block bridge (24-30) |  |  |  |  |  |  |  |  |  |  |
| 130 | Consecutively releases small objects into container with small opening (raisin, pellet) (24-30) |  |  |  |  |  |  |  |  |  |  |
| 131 | Cuts paper with scissors using both hands (24-30) |  |  |  |  |  |  |  |  |  |  |
| 132 | Controlled use of pencil (30-36) |  |  |  |  |  |  |  |  |  |  |
| 133 | Traces a cross (30-36) |  |  |  |  |  |  |  |  |  |  |
| 134 | Traces a square (30-36) |  |  |  |  |  |  |  |  |  |  |
| 135 | Builds a tower of nine blocks (30-36) |  |  |  |  |  |  |  |  |  |  |
| 136 | Cuts paper without tearing, using one hand (30-36) |  |  |  |  |  |  |  |  |  |  |
| 137 | Catches large ball (30-36) |  |  |  |  |  |  |  |  |  |  |
| 138 | Strings four half inch beads (30-36). |  |  |  |  |  |  |  |  |  |  |
| 139 | Hammers nail, hitting it most of the time (30-36) |  |  |  |  |  |  |  |  |  |  |
| 140 | Releases 10 small objects into container with small opening in 10 seconds (raisin, pellet) (30-36) |  |  |  |  |  |  |  |  |  |  |
| 141 | Imitates folding paper width-wise (30-36) |  |  |  |  |  |  |  |  |  |  |
| 142 | Imitates folding paper length-wise (30-36) |  |  |  |  |  |  |  |  |  |  |
| 143 | Imitates folding paper diagnally (30-36) |  |  |  |  |  |  |  |  |  |  |
| 144 | Imitates touching thumb to each individual finger (30-36) |  |  |  |  |  |  |  |  |  |  |
| 145 | Uses same hand for most activities (30-36) |  |  |  |  |  |  |  |  |  |  |

## COGNITIVE - Object Concepts/Visual Memory

|  |  |  |  |  |  |  |  |  |  |  | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Observes object when in sight; no reaction when object removed or hidden (0-2) |  |  |  |  |  |  |  |  |  |  |
| 2 | Responds differentally to different objects, persons (0-2) (familiar-unfamiliar toy or person) |  |  |  |  |  |  |  |  |  |  |
| 3 | Notices disappearance of slowly moving object (2-4) (Glance lingers at point of disappearance, glance returns to starting point) |  |  |  |  |  |  |  |  |  |  |
| 4 | Explores objects with hands (4-6) (moves, turns, transfers) |  |  |  |  |  |  |  |  |  |  |
| 5 | Finds partially covered toy (4-6) |  |  |  |  |  |  |  |  |  |  |
| 6 | Uncovers toy hidden under one object (6-8) |  |  |  |  |  |  |  |  |  |  |
| 7 | Makes active search for toys when not in sight or in usual places (7-12) |  |  |  |  |  |  |  |  |  |  |
| 8 | Locates toy hidden under 1 of 2 objects (8-12) |  |  |  |  |  |  |  |  |  |  |
| 9 | Recognizes representations of familiar persons or objects (8-12) (names or makes sound for picture, photograph of person or object) |  |  |  |  |  |  |  |  |  |  |
| 10 | Uncovers object moving under 1 of 3 cloths (12-15) |  |  |  |  |  |  |  |  |  |  |
| 11 | Remembers location of common household objects (12-15) (points to, finds) |  |  |  |  |  |  |  |  |  |  |
| 12 | Pulls string vertically to obtain toy (12-15) (toy hung out of sight) |  |  |  |  |  |  |  |  |  |  |
| 13 | Finds toy hidden under three superimposed cloths (15-18) |  |  |  |  |  |  |  |  |  |  |
| 14 | Selects picture from memory (15-18) (show 1 picture, remove picture. Place all 3, ask to identify picture shown) |  |  |  |  |  |  |  |  |  |  |
| 15 | Remembers three objects (15-18) (Show 3 objects. Place 6 objects. Ask to identify original 3) |  |  |  |  |  |  |  |  |  |  |
| 16 | Identifies missing object (15-18) (Show 3 objects; then give back 2, ask to identify missing objects) |  |  |  |  |  |  |  |  |  |  |
| 17 | Identifies parts of objects (18-36) |  |  |  |  |  |  |  |  |  |  |
| 18 | Identifies pictures of objects described by function (18-36) |  |  |  |  |  |  |  |  |  |  |
| 19 | Identifies picture of parts of objects (24-27) |  |  |  |  |  |  |  |  |  |  |

## COGNITIVE - Body Concepts

| | | | | | | | | | | | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 20 | Recognizes own name when spoken (4-5) (looks, vocalizes) | | | | | | | | | | |
| 21 | Recognizes own mirror image (6-12) (smiles, pats, vocalizations) | | | | | | | | | | |
| 22 | Explores surroundings (6-12) | | | | | | | | | | |
| 23 | Recognizes own image in photograph (12-18) (Smile, attention to, says own name) | | | | | | | | | | |
| 24 | Knows own name and names of other family members (12-18) (looks to, points to) | | | | | | | | | | |
| 25 | Points to one named body part (12-18) | | | | | | | | | | |
| 26 | Points to five named body parts (18-24) | | | | | | | | | | |
| 27 | Points to five named parts of a doll (18-24) | | | | | | | | | | |
| 28 | Uses action or word to demonstrate possession (18-24) | | | | | | | | | | |
| 29 | Places body parts correctly on doll (24-30) | | | | | | | | | | |
| 30 | Names six body parts (24-30) | | | | | | | | | | |
| 31 | Gives first and last name (30-36) | | | | | | | | | | |
| 32 | Gives appropriate sex (30-36) | | | | | | | | | | |
| 33 | Uses I to refer to self (30-36) | | | | | | | | | | |
| 34 | Gives correct age, verbally or by holding up fingers (30-36) | | | | | | | | | | |
| 35 | Points to six parts of doll (30-36) | | | | | | | | | | |
| 36 | Points to ten parts on self (30-36) | | | | | | | | | | |
| 37 | Verbalizes feelings (30-36) (sad, mad, happy) | | | | | | | | | | |
| 38 | Adds one body part to incomplete drawing of man (30-36) | | | | | | | | | | |
| 39 | Draws partial man (30-36) (at least 2 parts) | | | | | | | | | | |

## COGNITIVE - Size, shape, color

| | | | | | | | | | | | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 40 | Shows visual color preference (0-2) | | | | | | | | | | |
| 41 | Shows awareness of different pictures of shapes (4) (increased attention) | | | | | | | | | | |
| 42 | Differentiates line from scribble (18-20) | | | | | | | | | | |
| 43 | Places circle-square-triangle into appropriate space in formboard (20-21) | | | | | | | | | | |
| 44 | Matches paper circles, when given circles and squares (21-24) | | | | | | | | | | |
| 45 | Reverses a backward bottle or cup to the appropriate position (9-10) | | | | | | | | | | |
| 46 | Places circle in formboard (10-12) | | | | | | | | | | |
| 47 | Places circle and square in appropriate space in formboard (10-12) | | | | | | | | | | |
| 48 | Places circle into reversed formboard (12-18) | | | | | | | | | | |
| 49 | Places 4 nesting boxes together correctly (21-24) | | | | | | | | | | |
| 50 | Places circle-square-triangle into reversed formboard (24-30) | | | | | | | | | | |
| 51 | Takes apart, puts together 4-piece puzzle (24-30) | | | | | | | | | | |
| 52 | Use of descriptive size words (24-30) | | | | | | | | | | |
| 53 | Matches colors (24-30) | | | | | | | | | | |
| 54 | Points to two colors (30-36) | | | | | | | | | | |
| 55 | Names one color (30-36) | | | | | | | | | | |
| 56 | Sorts colors (30-36) | | | | | | | | | | |
| 57 | Stacks six kinds of graduated sizes on paper (30-36) | | | | | | | | | | |
| 58 | Points to bigger object when asked (30-36) | | | | | | | | | | |
| 59 | Shows awareness of shape differences (30-36) (face and solid circle) | | | | | | | | | | |

## COGNITIVE - Space Concepts

| | | | | | | | | | | | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 60 | Attempts grasp of object (0-6) (object and hand in view) | | | | | | | | | | |
| 61 | Brings hand or toy to mouth (0-6) | | | | | | | | | | |
| 62 | Turns towards sound (0-6) | | | | | | | | | | |
| 63 | Moves to locate sounds (6-12) | | | | | | | | | | |
| 64 | Crawls to obtain object (6-12) | | | | | | | | | | |
| 65 | Follows path of rapidly moving object (6-12) (locates usually when lands in view or searches at point of disappearance) | | | | | | | | | | |
| 66 | Removes peg from pegboard (6-12) | | | | | | | | | | |
| 67 | Shows awareness of others (6-12) (calls out, moves to) | | | | | | | | | | |
| 68 | Turns object to reverse side and explores (9-12) | | | | | | | | | | |
| 69 | Fingers holes in pegboard (6-12) | | | | | | | | | | |
| 70 | Places beads in box on request (6-12) | | | | | | | | | | |
| 71 | Places one peg in pegboard (10-18) | | | | | | | | | | |
| 72 | Removes beads from box on request (12-24) | | | | | | | | | | |
| 73 | Holds hands up when asked (12-24) | | | | | | | | | | |
| 74 | Puts hands down when asked (12-24) | | | | | | | | | | |
| 75 | Places toy "on" another object on request (12-24) | | | | | | | | | | |
| 76 | Places toy "under" another object on request (12-24) | | | | | | | | | | |
| 77 | Places 5-6 pegs in pegboard | | | | | | | | | | |
| 78 | Throws ball with direction (18-24) | | | | | | | | | | |
| 79 | Places one toy "next to" another on reqeust (24-30) | | | | | | | | | | |
| 80 | Places one toy "over" another on request (24-30) | | | | | | | | | | |

COGNITIVE - Space Concepts
Amount, Number, Time
Auditory Attention, Discrimination

| | | | | | | | | | | | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 81 | Takes toy "off" of another, on request (24-30) | | | | | | | | | | |
| 82 | Places one toy "beside" one different toy on command (24-30) | | | | | | | | | | |
| 83 | Imitates vertical, horizontal, circular lines (24-30) | | | | | | | | | | |
| 84 | Places one toy "in front" of another on request (30-36) | | | | | | | | | | |
| 85 | Places one toy "behind" another on request (30-36) | | | | | | | | | | |
| 86 | Assembles jigsaw puzzle (30-36) (parts or whole) | | | | | | | | | | |
| 87 | Amount, Number, Time<br>Demonstrates the concept of "more" (18-24) | | | | | | | | | | |
| 88 | Demonstrates the concept of one verses more than (24-30) | | | | | | | | | | |
| 89 | Relates immediate experiences (24-27) | | | | | | | | | | |
| 90 | Demonstrates the concept "fast and slow" (27-30) | | | | | | | | | | |
| 91 | Demonstrates the concept of "how" (27-30) | | | | | | | | | | |
| 92 | Takes turns (30-36) | | | | | | | | | | |
| 93 | Understands sequence of daily events (3036) | | | | | | | | | | |
| 94 | Talks about past experiences (30-36) | | | | | | | | | | |
| 95 | Demonstrates the concept of one-to-one correspondence (30-36) | | | | | | | | | | |
| 96 | Auditory attention-discrimination Reacts to different consonant sounds (0-12) (increased attention) | | | | | | | | | | |
| 97 | Imitates non-speech sounds (0-12) | | | | | | | | | | |
| 98 | Verbalizes a variety of consonant sounds spontaneously (0-12) | | | | | | | | | | |
| 99 | Discriminates environmental sounds (0-12) (makes sounds in play or locates source of) | | | | | | | | | | |
| 100 | Attends to conversation (9-15) | | | | | | | | | | |
| 101 | Follows one step directions (11-15) | | | | | | | | | | |

## COGNITIVE - Auditory Attention, Discrimination
## Cause-effect and Means-end Behavior

| | | | | | | | | | | | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 102 | Follows two step directions (11-15) | | | | | | | | | | |
| 103 | Makes loud or soft sounds (12-24) | | | | | | | | | | |
| 104 | Follows three step directions (16-18) | | | | | | | | | | |
| 105 | Demonstrates understanding of three sequenced sentence (22-24) | | | | | | | | | | |
| 106 | Follows four step directions (22-24) | | | | | | | | | | |
| 107 | Attends to five minute story (24-30) | | | | | | | | | | |
| 108 | Repeats four words in sequence (24-30) | | | | | | | | | | |
| 109 | Repeats simple phrases (24-30) | | | | | | | | | | |
| 110 | Repeats two digits (24-30) | | | | | | | | | | |
| 111 | Follows directions involving two objects (24-30) | | | | | | | | | | |
| 112 | Sings simple song from memory (30-36) | | | | | | | | | | |
| 113 | Retells simple facts of a story from memory (30-36) | | | | | | | | | | |
| 114 | Follows two step direction with two objects (30-36) | | | | | | | | | | |
| 115 | Follows three sets of unrelated directions (30-36) | | | | | | | | | | |
| 116 | Repeats seven syllable sentence (30-36) | | | | | | | | | | |
| 117 | Follows four step direction in proper sequence (30-36) | | | | | | | | | | |
| | Cause-effect and Means-end Behavior | | | | | | | | | | |
| 118 | Anticipates being picked up (1-2) | | | | | | | | | | |
| 119 | Increases activity when excited or to gain attention (3-4) | | | | | | | | | | |
| 120 | Repeats arm movements to keep toy active (3-4) | | | | | | | | | | |
| 121 | Obtains toy slightly out of reach (4-5) | | | | | | | | | | |
| 122 | Pulls string adaptively to secure toy (5-6) | | | | | | | | | | |

## COGNITIVE - Cause-effect and Means-end B or
## Development of Schemes/Combining Schemes for Relating to Objects

|  |  |  |  |  |  |  |  |  |  |  | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 123 | Looks to, touches person to show desire to continue activity with mechanical toy (6-7) |  |  |  |  |  |  |  |  |  |  |
| 124 | Each hand holding toy; lets go of one object to reach for third object (8-12) |  |  |  |  |  |  |  |  |  |  |
| 125 | Gives mechanical toy back to parents to show desire to continue activity (12-15) |  |  |  |  |  |  |  |  |  |  |
| 126 | Uses one object to reach another object (12-18) (reaches toy with stick, climbs to attain toy) |  |  |  |  |  |  |  |  |  |  |
| 127 | Uses parts of objects for specific purposes (18-24) opens door knob) |  |  |  |  |  |  |  |  |  |  |
| 128 | Attempts to activate mechanical toy after demonstration (18-24) |  |  |  |  |  |  |  |  |  |  |
| 129 | Verbalizes cause and effect relationships (18-24) |  |  |  |  |  |  |  |  |  |  |
| 130 | Attempts to activate mechanical toy without demonstration (21-24) |  |  |  |  |  |  |  |  |  |  |
|  | Development of Schemes/Combining Schemes for Relating to Objects |  |  |  |  |  |  |  |  |  |  |
| 131 | Discriminates threatening or non-threatening activity with body movement (1-5) (sudden, loud noise) |  |  |  |  |  |  |  |  |  |  |
| 132 | Reacts to paper on face (1-5) |  |  |  |  |  |  |  |  |  |  |
| 133 | Mouths objects (2-4) |  |  |  |  |  |  |  |  |  |  |
| 134 | Visually inspects held objects (3-4) |  |  |  |  |  |  |  |  |  |  |
| 135 | Uses simple motor activity to act upon objects (4-6) (hits with hand, hits surface with objects, bangs together, shakes, waves) |  |  |  |  |  |  |  |  |  |  |
| 136 | Examines objects (6-9) (visually inspects and manipulates) |  |  |  |  |  |  |  |  |  |  |
| 137 | Uses complex motor activity to act upon objects (8-10) (crumples flexible, slides on surface, swings on string, tears or stretches, rubs, pats) |  |  |  |  |  |  |  |  |  |  |
| 138 | Drops, throws toy repeatedly and intentionally |  |  |  |  |  |  |  |  |  |  |
| 139 | Repeats performance laughed at (10-15) |  |  |  |  |  |  |  |  |  |  |
| 140 | Uses toys symbolically (14-16) (drinks from cup, wears necklace, drives toy car, hugs, dresses doll, makes doll walk) |  |  |  |  |  |  |  |  |  |  |

## COGNITIVE - Development of Schemes/Combining Schemes for Relating to Objects

| | | | | | | | | | | | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 141 | Matches like objects on request (15-18) | | | | | | | | | | |
| 142 | Listens selectively to familiar words (16-18) | | | | | | | | | | |
| 143 | Verbally combines two concepts (18-21) | | | | | | | | | | |
| 144 | Points to named pictures in the same category (24-32) | | | | | | | | | | |
| 145 | Combines thoughts and words into story or experience (24-32) | | | | | | | | | | |
| 146 | Sorts words into their category (33-35) | | | | | | | | | | |
| 147 | Recognizes and sorts objects (33-35) (hard, soft) | | | | | | | | | | |
| 148 | Spontaneously groups objects in play (33-35) | | | | | | | | | | |

## Activities fo ily Living

SELF HELP - Feeding

| | | | | | | | | | | | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Gag reflex present (0-3) | | | | | | | | | | |
| 2 | Rooting reflex present (0-3) | | | | | | | | | | |
| 3 | Sucking and swallowing reflex present (0-3) | | | | | | | | | | |
| 4 | Recognition of feeding time (3-5) (quieting, reaching, sucking) | | | | | | | | | | |
| 5 | Eats pureed food (3-5) | | | | | | | | | | |
| 6 | Accepts or rejects food by using tongue (5-6) | | | | | | | | | | |
| 7 | Gums solid food (5-6) | | | | | | | | | | |
| 8 | Attempts to hold solid food (cracker) while eating (5-6) | | | | | | | | | | |
| 9 | Drinks from held cup (5-6) | | | | | | | | | | |
| 10 | Swallows food without gagging (5-6) | | | | | | | | | | |
| 11 | Tongue remains in mouth while sucking (6-9) | | | | | | | | | | |
| 12 | East cookie independently (6-9) | | | | | | | | | | |
| 13 | Attempts independent finger feeding (6-9) | | | | | | | | | | |
| 14 | Holds own bottle (6-9) | | | | | | | | | | |
| 15 | Absence of tongue thrust during spoon feeding (6-9) | | | | | | | | | | |
| 16 | Finger feeds self (9-10) | | | | | | | | | | |
| 17 | Chews lumpy or solid foods (9-10) | | | | | | | | | | |
| 18 | Uses spoon with much spilling, dropping, turning over spoon (10-12) | | | | | | | | | | |
| 19 | Drinks from cup with much spilling (10-12) | | | | | | | | | | |
| 20 | Feeds self with spoon (12-18) | | | | | | | | | | |
| 21 | Finger feeds self, without stuffing mouth (12-18) | | | | | | | | | | |

| | SELF HELP - Feeding<br>Dressing | COMMENTS |
|---|---|---|
| 22 | Drinks from cup, independently (12-18) | |
| 23 | Distinguishes non-edible substances (18-24)<br>(may put into mouth, but does not chew or swallow) | |
| 24 | Feeds self with fork (18-24) | |
| 25 | Drinks through straw (24-30) | |
| 26 | Pours from small pitcher into glass (24-30) | |
| 27 | Asks for food and drink (24-30) | |
| 28 | Wipes mouth with napkin (24-30) | |
| 29 | Completes meal independently (30-36) | |
| 30 | Sets table with directions (30-36) | |
| 31 | Spreads soft foods on bread with knife (30-36) | |
| | Dressing | |
| 32 | Pulls at clothing (0-3) | |
| 33 | Pulls off hat (6-9) | |
| 34 | Pulls off socks (9-10) | |
| 35 | Holds out arms, legs, feet, etc., during dressing (10-12) | |
| 36 | Removes simple clothes (12-15) | |
| 37 | Puts on simple garments (15-18) | |
| 38 | Attempts to put on shoes (15-18) | |
| 39 | Zips and unzips large zipper (18-24) | |
| 40 | Removes unfastened coat or dress (18-24) | |
| 41 | Removes unfastened pants (18-24) | |
| 42 | Puts shoe on foot correctly (18-24) | |

SELF HELP - Dressing
Personal Hygiene (toileting)

| | | COMMENTS |
|---|---|---|
| 43 | Puts on coat, may need help fastening (24-30) | |
| 44 | Manipulates large fastenings (24-30) (snaps, laces, buckles, buttons) | |
| 45 | Loosens shoe and puts on foot (24-30) | |
| 46 | Puts pants on and off (24-30) | |
| 47 | Hangs up coat independently (24-30) | |
| 48 | Removes most clothing (24-30) | |
| 49 | Dresses self, needs help finding front and back (24-30) | |
| 50 | Fastens 5/8" button (30-36) | |
| 51 | Unfastens 1/2" button (30-36) | |
| 52 | Pulls shoe laces tight (30-36) | |
| 53 | Undresses self completely (30-36) | |
| | Personal Hygiene - Toileting | |
| 54 | Predictable pattern in bowel function (11-12) | |
| 55 | Points to or vocalizes wet or soiled pants (15-18) | |
| 56 | Verbalizes or gestures toilet need, before or as going in pants (15-18) | |
| 57 | Sits on toilet, may go (15-18) | |
| 58 | Bowel movement on toilet if placed on at right time (18-24) | |
| 59 | Stays dry for longer periods (24-30) | |
| 60 | Verbalizes or gestures toilet needs in anticipation (24-30) | |
| 61 | Uses specific words for bowel and bladder movement (30-36) | |
| 62 | Bladder and bowel control with reminders during day, occasional accidents (30-36) | |
| 63 | Verbalizes or gestures toilet need in sufficient time (30-36) | |

## SELF HELP - Personal Hygiene (Toileting)
## Personal Hygiene (Grooming)

COMMENTS

64 Independent toileting, climbs onto toilet seat, pulls pants up and down (30-36)

65 Seldom has accident with bowel movements (30-36)

Personal Hygiene - Grooming

66 Helps wash hands and face (11-12)

67 Drys hands and face with help (11-12)

68 Independently washes hands clean (30-36)

69 Independently drys hands (30-36)

70 Helps wash body during bath (30-36)

## LANGUAGE - Expressive

| | | | | | | | | | | | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Vocalizes other than crying (0-1) | | | | | | | | | | |
| 2 | Repeats syllables when vocalizing (1-2) | | | | | | | | | | |
| 3 | Expressive vowel sounds and back-of-throat consonant sounds (h,k,g) (1-2) | | | | | | | | | | |
| 4 | Occasionally responds with vocalization to sounds, speech, or smile (2-3) | | | | | | | | | | |
| 5 | Vocalizes pleasure (2-3) (laugh, cluck, soft chuckle) | | | | | | | | | | |
| 6 | Vocalizes two different sounds (2-3) | | | | | | | | | | |
| 7 | Laughs in play (3-4) | | | | | | | | | | |
| 8 | Vocalizes two syllable repetition (3-4) (ba-ba-ba, ma-ma-ma) | | | | | | | | | | |
| 9 | Vocalizes consonants made by lips (p,b,m) (3-4) | | | | | | | | | | |
| 10 | Vocalizes moods (4-5) (pleasure, displeasure, satisfaction, eagerness) | | | | | | | | | | |
| 11 | Vocalizes in response to mirror image (5-6) | | | | | | | | | | |
| 12 | Initiates vocalization at other persons (5-6) | | | | | | | | | | |
| 13 | Uses different inflections and patterns in vocalization (5-6) | | | | | | | | | | |
| 14 | Vocalizes at least four repeated syllables (5-6) | | | | | | | | | | |
| 15 | Occasionally initiates babble vocalization in play (5-6) | | | | | | | | | | |
| 16 | Practices-plays at making sounds (5-6) (alone or with others) | | | | | | | | | | |
| 17 | Combines two or more different syllables (6-7) | | | | | | | | | | |
| 18 | Vocalizes in response to name (6-7) (50%) | | | | | | | | | | |
| 19 | Vocalizes name (or consistent approximation) of familiar objects (6-7) | | | | | | | | | | |
| 20 | Babbles inflectively (7-8) | | | | | | | | | | |
| 21 | Uses speech and gestures in games (7-8) (pat-a-cake, peek-a-boo) | | | | | | | | | | |

## LANGUAGE - Expressive

| | | | | | | | | | | | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 22 | Vocalizes during a song or music (7-8) | | | | | | | | | | |
| 23 | Uses gestures to communicate (8-9) (Shakes head "no", waves bye-bye) | | | | | | | | | | |
| 24 | Imitates speech sounds (8-9) | | | | | | | | | | |
| 25 | Vocalizes in response when talked to (8-9) | | | | | | | | | | |
| 26 | Uses one or more words with meaning (9-10) | | | | | | | | | | |
| 27 | Vocalizes exclamations appropriately (9-10) (uh-oh) | | | | | | | | | | |
| 28 | Babbles in jargon (own language) (9-10) | | | | | | | | | | |
| 29 | Indicates wants through gestures (9-10) (points, pushes away) | | | | | | | | | | |
| 30 | Babbles in varied tones and patterns when alone (10-11) | | | | | | | | | | |
| 31 | Attempts to imitate simple new words (10-11) | | | | | | | | | | |
| 32 | Gestures or vocalizes in response to simple questions (10-11) (searches, points, and/or vocalizes) | | | | | | | | | | |
| 33 | Vocalizes three words with meaning (10-11) | | | | | | | | | | |
| 34 | Vocalizes in conversational pattern to persons, toys (10-11) | | | | | | | | | | |
| 35 | Vocalizes in response to songs or rhymes (11-12) | | | | | | | | | | |
| 36 | Jabbers with inflections (11-12) | | | | | | | | | | |
| 37 | Uses words to describe objects or situations (11-12) | | | | | | | | | | |
| 38 | Frequently repeats sounds (11-12) (peak period of normal echolalia stage) | | | | | | | | | | |
| 39 | Associates sound of a word with object (11-12) | | | | | | | | | | |
| 40 | Vocalizes five words with meaning (12-14) | | | | | | | | | | |
| 41 | Indicates wants through vocalization with gestures (12-14) | | | | | | | | | | |
| 42 | Occasionally uses real words when babbling (14-15) | | | | | | | | | | |

## LANGUAGE - Expressive

| | | | | | | | | | | | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 43 | Vocalizes using words with consonants (14-15) (w, j, n, h) | | | | | | | | | | |
| 44 | Makes clear attempt to sing along with music (14-15) | | | | | | | | | | |
| 45 | Vocalizes seven or more words with meaning (14-15) | | | | | | | | | | |
| 46 | Communicates almost constantly using distinguishable words and gestures (14-15) | | | | | | | | | | |
| 47 | Uses two or more words to indicate wants and needs (16-18) | | | | | | | | | | |
| 48 | Repeats unfamiliar words (16-18) | | | | | | | | | | |
| 49 | Gestures appropriately when asked simple questions requiring "yes" or "no" answer (nod, shake of head) (16-18) | | | | | | | | | | |
| 50 | Imitates 2-3 word sentences, correct repetition half the time (18-20) | | | | | | | | | | |
| 51 | Vocalizes motor, animal sounds while playing (18-20) | | | | | | | | | | |
| 52 | Vocalizes 10-20 words with meaning (18-20) | | | | | | | | | | |
| 53 | Names 1/5 familiar objects on request (13-20) | | | | | | | | | | |
| 54 | Uses words of greeting (hi) and farewell (bye) at appropriate times (18-20) | | | | | | | | | | |
| 55 | Names one picture of familiar object (18-20) | | | | | | | | | | |
| 56 | Asks questions (what's this) (18-20) | | | | | | | | | | |
| 57 | Combines two or more words appropriately (20-22) | | | | | | | | | | |
| 58 | Uses twenty or more words clearly and appropriately (20-22) | | | | | | | | | | |
| 59 | Attempts to relate experiences (20-22) | | | | | | | | | | |
| 60 | Uses pronoun in reference to self (I, me, my, mine) may not always be correct (20-22) | | | | | | | | | | |
| 61 | Names 2/2 familiar objects on request (20-22) | | | | | | | | | | |
| 62 | Points to five familiar pictures when named (20-22) | | | | | | | | | | |
| 63 | Uses "please" and "thank you" appropriately (20-22) | | | | | | | | | | |

## LANGUAGE - Expressive

COMMENTS

64 Demonstrates control of voice (whispers, speaks louder) when asked (20-22)

65 Identifies familiar pictures, characters on television screen (20-22)

66 Identifies familiar people by name (20-22)

67 Names pictures of three familiar objects (22-24)

68 Occasionally uses three word sentences (22-24)

69 Talks on telephone (22-24)

70 Has vocabulary of approximately 270 words (mainly nouns with a few verbs, adjectives, adverbs, pronouns) (22-24)

71 Decrease repetition of sounds (22-24)

72 Decreases use of jargon (22-24)

73 Expresses thoughts - makes self understood with little difficulty (22-24)

74 Uses plurals appropriately (22-24)

75 Answers simple questions (22-24)

76 Routinely uses 2-3 word sentences (24-27)

77 Uses personal pronouns appropriately (24-27)

78 Correctly points to pictures identified through action words (show me the boy running) (24-27)

79 Verbally asks for help with personal needs (washing hands, toileting, etc.) (24-27)

80 Repeats two numbers on request (24-27)

81 Names five or more pictures of common objects (24-27)

82 Repeats 4-word list correctly (27-30)

83 Repeats phrases correctly (nice doggie, give me the big box) (27-30)

84 Asks questions beginning with "what, where" (27-30)

| | LANGUAGE - Expressive<br>Receptive | COMMENTS |
|---|---|---|
| 85 | Uses pronoun "you" appropriately in sentence (27-30) | |
| 86 | Uses a variety of words, understood by familiar persons (27-30) | |
| 87 | Sings simple songs from memory ("Happy Birthday", lyrics of television commercials) (27-30) | |
| 88 | Organizes and verbalizes thoughts to tell story, share idea, express feelings, report experiences (30-33) | |
| 89 | Counts to three (30-33) | |
| 90 | Correctly responds with in, on, under to question: "Where is ___?" (30-33) | |
| 91 | Names and describes own drawing (30-33) | |
| 92 | Initiates asking questions - when, why, who (33-36) | |
| 93 | Uses verbs appropriately to describe actions in picture book (33-36) | |
| 94 | Uses plural pronouns appropriately in speech (33-36) | |
| 95 | Talks about experiences using 2-3 word sentences (33-36) | |
| 96 | Combines simple sentences using "and, but" etc. (33-36) | |
| 97 | Uses articles "a" and "the" occasionally (33-36) | |
| 98 | Talks about taking turns (33-36) | |
| 99 | Has vocabulary of 500-1000 words (includes all parts of speech (33-36) | |
| 100 | Receptive Responds to variety of sounds (quiets, moves eyes, startles, changes breathing rate) (0-1) | |
| 101 | Responds to person's vocalizations (1-2) | |
| 102 | Attends to person's vacalizations (looks at person's eyes, mouth, smiles, coos, stops activity) (1-2) | |
| 103 | Discriminates voice of familiar person and stranger (1-2) | |
| 104 | Localizes speaker's voice (turning to, looking at face) (2-3) | |
| 105 | Startles in response to sudden noise (2-3) | |

|  | LANGUAGE - Receptive | COMMENTS |
|---|---|---|
| 106 | Visually searches for source of sound (3-4) |  |
| 107 | Responds to change in persons voice intonation (3-4) |  |
| 108 | Recognizes own name by looking when called (4-5) |  |
| 109 | Shows recognition of familiar sounds in home (5-6) (looks to source, stops activity, changes posture) |  |
| 10 | Shows recognition of familiar words (5-6) (looks, gestures toward) |  |
| 11 | Responds to familiar phrases spoken without gestures (6-7) |  |
| 12 | Attends to music or singing (6-7) (looks to source, smiles, laughs, moves body) |  |
| 13 | Understands less familiar phrases when said with gesture (6-7) (bye-bye with a wave, pat-a-cake with clap) |  |
| 14 | Looks at appropriate object when named (7-8) (common objects) |  |
| 15 | Attends to conversation of others (7-8) |  |
| 16 | Inhibits activity on request (7-8) (no, no-no) |  |
| 17 | Responds appropriately to simple request (7-8) (may be accompanied by gesturing) |  |
| 18 | Attends to book while pictures are named (7-8) (one+ minute) |  |
| 19 | Uses gestures to show comprehension of adult words, instructions (nods head "yes", shakes head "no" wave "bye-bye" (7-8) |  |
| 20 | Looks at or moves appropriately toward most familiar objects (7-8) |  |
| 21 | Understands one preposition (10-11) (on, into, under) |  |
| 22 | Understands plurals (10-11) |  |
| 23 | Responds rhythmacally to music (10-11) (with or without help of gestures) |  |
| 24 | Attends to person's speech for several minutes (11-12) |  |
| 25 | Attends to spoken rhymes, jingles for three minutes (12-14) |  |

## LANGUAGE - Receptive

| | | | | | | | | | | | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 126 | Points to 3/5 pictures of familiar objects (12-14) | | | | | | | | | | |
| 127 | Identifies (picks out, points) to several familiar objects on request (12-14) | | | | | | | | | | |
| 128 | Understands familiar nouns (12-14) | | | | | | | | | | |
| 129 | Understands the use of personal pronouns (16-18) (he, she, him, her) | | | | | | | | | | |
| 130 | Responds verbally to a simple question (16-18) | | | | | | | | | | |
| 131 | Behavior demonstrates understanding of common verbs (16-18) (see, come, run, stop) | | | | | | | | | | |
| 132 | Indicates awareness of name with a particular person (acquaintance) not in sight (16-18) | | | | | | | | | | |
| 133 | Points to named item in picture book (16-18) | | | | | | | | | | |
| 134 | Understands the functions of common objects when asked verbal or non-verban reply (16-18) | | | | | | | | | | |
| 135 | Recognizes familiar environmental sounds (16-18) (verbal, or non-verbal reply) | | | | | | | | | | |
| 136 | Follows a series of 2-3 related commands (20-22) | | | | | | | | | | |
| 137 | Points to common objects in environment (20-22) | | | | | | | | | | |
| 138 | Points to pictures of common objects (20-22) | | | | | | | | | | |
| 139 | Points to five named doll parts (20-22) | | | | | | | | | | |
| 140 | Understands three prepositions (20-22) | | | | | | | | | | |
| 141 | Evidence of understanding of complex sentences (22-24) | | | | | | | | | | |
| 142 | Sits attentively for fifteen minutes listening to a story (22-24) | | | | | | | | | | |
| 143 | Understands action verbs by pointing to a picture or verbally explaining (24-27) | | | | | | | | | | |
| 144 | Understands five prepositions (24-27) | | | | | | | | | | |
| 145 | Points to photo of specific family members (24-27) | | | | | | | | | | |
| 146 | Understands descriptive words when identifying objects (soft, hard) (24-27) | | | | | | | | | | |

## LANGUAGE - Receptive

| | | COMMENTS |
|---|---|---|
| 147 | Understands body parts by their function (24-27) (verbal or non-verbal responses) | |
| 148 | Understands plurals and their relationship to number concept (non-verbal responses) (24-27) | |
| 149 | Acts out complex directions involving adverbs (24-27) (laugh loudly, walk slowly) | |
| 150 | Understands common objectives by pointing to named object (30-33) | |
| 151 | Follows directions which involve common verbs(30-33) (bang on the block) | |
| 152 | Follows one direction for two objects, chosen from five (30-33) | |
| 153 | Follows two directions using two objects, chosen from five (33-36) | |
| 154 | Understands most prepositions (33-36) | |
| 155 | Pays attention to a story or television for fifteen minutes (33-36) | |
| 156 | Identifies pictures through interrogative words (33-36) (who is running, what, where, when, why) | |
| 157 | Responds appropriately to negatives in directions, statements, questions (33-36) | |
| 158 | Identifies categories of objects through descriptive words (soft, rough, smooth, big, little) (33-36) | |

## SOCIAL/EMOTIONAL - Social Interaction

| | | | | | | | | | | | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Turns head towards sound (0-1) | | | | | | | | | | |
| 2 | Responds to adult smiling and talking with smiles (0-1) | | | | | | | | | | |
| 3 | Quiets when picked up (0-1) | | | | | | | | | | |
| 4 | Quiets to a familiar face (0-1) | | | | | | | | | | |
| 5 | Recognition of mother/caregiver (2-3) (kicks, waves arms, vocalizes) | | | | | | | | | | |
| 6 | Smiles in response to smile (2-3) | | | | | | | | | | |
| 7 | Vocalizes in response to smiling (2-3) | | | | | | | | | | |
| 8 | Anticipates feeding (3-4) (stops crying, drools, sucks) | | | | | | | | | | |
| 9 | Reaches for familiar person (3-4) | | | | | | | | | | |
| 10 | Resists removal of toys (3-4) (cries, pulls away) | | | | | | | | | | |
| 11 | Indicates awareness of others (3-4) (vacalizes, smiling, watching) | | | | | | | | | | |
| 12 | Discriminates strangers (4-6) (stare, frown, questioning look) | | | | | | | | | | |
| 13 | Attempts vocalizations with others (4-8) | | | | | | | | | | |
| 14 | Vocalizes attitudes (4-8) (pleasure, displeasure, eagerness, satisfaction) | | | | | | | | | | |
| 15 | Turns head, smiles in response to name (4-8) | | | | | | | | | | |
| 16 | Calls out for familiar person (8-9) | | | | | | | | | | |
| 17 | Initiates action to prolong personal attention (8-9) | | | | | | | | | | |
| 18 | Stops activity when commanded (9-10) | | | | | | | | | | |
| 19 | Offers toy to another, may not give it up (10-11) | | | | | | | | | | |
| 20 | Repeats activities that gain attention (10-11) | | | | | | | | | | |
| 21 | Hugs, pats familiar person (10-11) | | | | | | | | | | |

SOCIAL/EMOTIONAL - Social Interaction

| | | COMMENTS |
|---|---|---|
| 22 | Attempts to maintain contact with adults (11-12) | |
| 23 | Communicates needs, gestures or vocalizes (12-18) | |
| 24 | Adults seen as persons providing needs, not yet aware of adult needs (12-18) | |
| 25 | Separates readily from familiar person in familiar place (18-24) | |
| 26 | Demonstrates sympathetic feelings towards others (18-24) (hugs, pats) | |
| 27 | Spontaneously hugs and pats familiar persons (18-24) | |
| 28 | Helps with simple household tasks (18-24) | |
| 29 | Shares toys with assistance (18-24) | |
| 30 | Demonstrates jealousy (18-24) (tantrums, babyish behavior) | |
| 31 | Offers to help others (24-30) | |
| 32 | Shields younger child from injury (24-30) | |
| 33 | Cooperates in sharing toys and taking turns 75% of time (24-30) | |
| 34 | Imitates adult activity (24-30) (especially household tasks) | |
| 35 | Claims and defends personal possessions (24-30) | |
| 36 | Attempts to control own activities by resisting play routines (24-30) | |
| 37 | Sits quietly while adult reads picture book (30-36) | |
| 38 | Greets people spontaneously (30-36) | |
| 39 | Courteous behavior - apologizes, uses please and thank you (30-36) | |
| 40 | Follows basic rules during games of interaction (30-36) | |
| 41 | Asks permission to use property of others (30-36) | |
| 42 | Spontaneoulsy shares own possessions (30-36) | |

## SOCIAL/EMOTIONAL - Play

| | | | | | | | | | | | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 43 | Initiates exploration of an object (3-4) | | | | | | | | | | |
| 44 | Smiles, laughs, squirms to playful attention (3-4) | | | | | | | | | | |
| 45 | Plays with own body (4-5)<br>(touches, sucks fingers-toes, kicks) | | | | | | | | | | |
| 46 | Repeats enjoyed activities (4-5) | | | | | | | | | | |
| 47 | Plays with person or object for one minute (5-6) | | | | | | | | | | |
| 48 | Squeals, laughs to frolic play (5-6) | | | | | | | | | | |
| 49 | Exploratory play with objects (5-6)<br>(looks, manipulates) | | | | | | | | | | |
| 50 | Plays interactive games (6-7)<br>(pat-a-cake, peek-a-boo) | | | | | | | | | | |
| 51 | Gross motor exploration (7-8)<br>(crawls under, over and on furniture) | | | | | | | | | | |
| 52 | Begins playing with other children (11-12) | | | | | | | | | | |
| 53 | Imitates actions of others in play (11-12) | | | | | | | | | | |
| 54 | Plays with toys alone for fifteen minutes (12-18) | | | | | | | | | | |
| 55 | Plays side-by-side with another child (12-18) | | | | | | | | | | |
| 56 | Enjoys gross motor activities (12-18) | | | | | | | | | | |
| 57 | Enjoys musical toys, singing, rhymes (12-18) | | | | | | | | | | |
| 58 | Plays imaginatively with toys (12-18) | | | | | | | | | | |
| 59 | Pretend playing; imitates mother, father roles (18-24) | | | | | | | | | | |
| 60 | Prefers playing next to a child (18-24) | | | | | | | | | | |
| 61 | Handles breakable toys (18-24) | | | | | | | | | | |
| 62 | Enjoys rough and tumble play (18-24) | | | | | | | | | | |
| 63 | Initiates own play (24-39) | | | | | | | | | | |

SOCIAL/EMOTIONAL - Play

COMMENTS

64 Enjoys joining in nursery rhymes and songs (24-30)

65 Participates in group games with adult help (24-30)

66 Occasionally joins small groups of children (24-30)

67 Requests play material from recall (24-30)

68 Creatively uses construction type toys (24-30) (building, drawing)

69 Imaginative role playing (24-30)

# TODDLER DEVELOPMENTAL CHECKLIST

Draft II

## INSTRUCTIONS

Evaluation of skills should be completed when child initially enters a program. Subsequent evaluations should be completed periodically. Children who are enrolled in a program for the entire school year should be evaluated at the beginning of the year to determine current levels of functioning; at midterm and at the end of the school year to determine progress achieved.

Age levels refer to year and month (e.g. 6m refers to 6 months, 1.3 refers to 1 year and 3 months). *Age levels should be considered as approximations only.*

The following is a suggested method of recording responses:

$\boxed{0}$ Does not perform or performs with total assistance.

$\boxed{1}$ Performs with assistance (modeling or imitating, partial physical assistance.)

$\boxed{2}$ Performs independently or with a verbal prompt.

$\boxed{-}$ Opportunity has not been presented; child may or may not perform task.

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COGNITIVE: Object Concepts
Body Concepts

## I. Object Concepts

1. Able to locate hidden objects (8-12)
2. Understands name of objects (1.3-1½ y)
3. Matches objects: toys (1.3-1½ y)
4. Identifies parts of objects (1.5-3 y)
5. Joins halves of cut-out to make whole picture (3-4 y)
6. Classifies objects (4-5 y)

## II. Body Concepts

7. Recognizes self in photo (6-12 m)
8. Points to five body parts on self and doll (1½-2 y)
9. Names six body parts (2-2.5 y)
10. When asked, knows full name, sex and age (2.5-3 y)
11. Talks about own feelings (2½-3 y)
12. Draws a life-like person: body, head, eyes, nose, mouth (2½-3 y)
13. Completes boy or girl puzzle (4-4½ y)
14. Draws complete man: eight body parts (4½-5 y)
15. Names all body parts correctly (4½-5 y)
16. Tells birthday: month and day (4½-5 y)

COGNITIVE: Color Concepts
Shape Concepts

## III. Color Concepts

17. Matches colors: red circle with red toy (2½-3 y)
18. Sorts colors by name (2½-3 y)
19. Names one color correctly (2½-3 y)
20. Points correctly to two colors (2½-3 y)
21. Names five colors (3-4 y)
22. Names eight colors (4-5 y)

## IV. Shape Concepts

23. Formboard: places circle & square correctly (10-12 m)
24. Differentiates lines from scribbles (1.6-1.8 y)
25. Formboard: places circle, square, triangle (1.8-1.9 y)
26. Given two circles, two squares, matches circle (1.9-2 y)
27. Formboard: square, circle, triangle placed in reversed board (2-2½ y)
28. Four piece puzzle: takes apart, puts together (2½-3 y)
29. Imitates drawing: cross and circle (3-3½ y)
30. Matches circles and squares (3-3½ y)
31. Matches pictures of familiar objects (3½-4 y)
32. One square, two triangles: matches triangles (4-4½ y)
33. One square, one circle, two hexagons, matches hex. (4-4½ y)

**COGNITIVE: Size Concepts**
**Space Concepts**

34. Twelve piece puzzle; takes apart, puts together (4-4½ y)

35. Recognizes shapes of five letters (4½-5 y)

36. Imitates drawing a triangle (4½-5 y)

## V. Size Concepts

37. Nests four sizes correctly (1.9-2 y)

38. Uses size words, large, big, little, small (2-2½ y)

39. Nests/stacks 6 sizes correctly (2½-3 y)

40. Points bigger of two objects (2½-3 y)

41. Points to longer or shorter object when asked (3-3½ y)

## VI. Space Concepts

42. Understands concept of 'in' (6-12 m)

43. Understands: up, out, down, on, under (12m - 2 y)

44. Understands: next to, over, off, beside (2-2½ y)

45. When asked to imitate I, O - does so correctly (2-2½ y)

46. Understands: in front of, behind (2½-3 y)

47. Draws house, prints block letters (3-4 y)

48. Using blocks, "lego" imitates building bridge,pyramid (4-5 y)

COGNITIVE: Time Concepts
Number Concepts

## VII. Time Concepts

49. Understands fast, slow, now (2.3-2½ y)
50. Understands taking turns (2½-3 y)
51. Understands 3 events: get-up, breakfast, play (2½-3 y)
52. Talks about past experiences (2½-3 y)
53. Points to picture of: day, night (3-4 y)
54. Understands: early, late, yesterday, today, tomorrow, last year, next year (3-4 y)
55. Associates certain times with certain activities (3-4 y)
56. Identifies pictures of four seasons (4-5 y)
57. Understands: morning, afternoon, night (4-5 y)

## VIII. Number Concepts

58. Understands more (1½-2 y)
59. Understands: one, many (2-2½ y)
60. Tells age verbally or holds up fingers (2-2½ y)
61. Given two objects, counts: one, two (2½-3 y)
62. Matches number of objects - given four cups, puts out four blocks (3-4 y)
63. Counts out 3-6 objects correctly (3-4 y)
64. Counts by rote to ten (3-4 y)
65. When asked to give 10 objects, counts out ten (4-5 y)
66. Understands: pair, some, many (4-5 y)

FINE MOTOR: Visual Response
Reach-Grasp

67. Understands: first, second, middle, last (4-5 y)
68. Gives number of objects requested (4-5 y)
69. Answers question: "How many?" (4-5 y)
70. Understands concept of "fewer" (4-5 y)
71. Counts by rote to thirty (4-5 y)

FINE MOTOR

IX. Visual Response

72. Eyes follow 180° arc (2-3 m)
73. Coordinated horizontal head-eye movements (3-4 m)
74. Coordinated vertical head-eye movements (4-5 m)

X. Reach-Grasp

75. Ulnar-palmar grasp: holds objects by fingers against heel of palm (4-5 m)
76. Bilateral reach grasp (4-5 m)
77. Radial palmar grasp: uses palm, thumb and fingers in grasping cube sized objects (5-6 m)
78. Reaches, picks up objects accurately (5-6 m)
79. Rakes, scoops small object with whole hand (5-6 m)
80. Transfers object hand to hand (5-6 m)
81. Bangs objects together (5-6 m)
82. Reaches across midline (6-7 m)

FINE MOTOR: Reach-Grasp
Object manipulation I: Placement and release

83. Radial-digital grasp: uses thumb and fingers (7-8 m)

84. Inferior pincer grasp: uses several fingers opposed to thumb (8-9 m)

85. Releases objects into containers (8-9 m)

86. Voluntary release controlled (10-11 m)

87. Grasps with one hand, reaches with other (11-12 m)

88. Precise thumb forefinger opposition to grasp raisin sized object (11-12 m)

89. Controlled release of small objects (1.1-1.2 y)

XI. Object Manipulation I: Placement and Release

90. Places rings on peg, no order (11-12 m)

91. Places pegs on peg board: ½" holes & pegs (1.1-1.2 y)

92. Places lid on round box (1.1-1.2 y)

93. Builds a block tower (1.1-1.2 y)

94. Separates pop-it beads (1.4-1.5 y)

95. Nests cups: no regard for size (1.5-1½ y)

96. Places coin-like objects into horizontal/vertical slots (1.5-1½ y)

97. Places cover on square box (1½-2 y)

98. Builds a three block bridge (2-2½ y)

99. Nests or stacks six sizes correctly (2½-3 y)

100. Builds structures using blocks, construction toys (3-4 y)

101. Imitates building pyramid of 16 blocks (4-5 y)

| FINE MOTOR: Object Manipulation II: Holds objects with one hand, manipulates with the other | | | | |
|---|---|---|---|---|
| XII. Object Manipulation II: Holds objects - manipulates | | | | |
| 102. Turns pages of book (11-12 m) | | | | |
| 103. Scribbles spontaneously (1.1-1.2 y) | | | | |
| 104. Strings one inch beads (1.5-1½ y) | | | | |
| 105. Unwraps objects (1½-2 y) | | | | |
| 106. Turns pages of a book, one at a time (1½-2 y) | | | | |
| 107. Imitates circular, horizontal strokes (1½-2 y) | | | | |
| 108. Traces a diamond shape (1½-2 y) | | | | |
| 109. Manipulates clay and paints with a brush (1½-2 y) | | | | |
| 110. Snips using scissors (1½-2 y) | | | | |
| 111. Cuts using dull scissors; needs help (2-2½ y) | | | | |
| 112. Folds paper: length, width, diagonally (2½-3 y) | | | | |
| 113. Cuts paper, line may be jagged (2½-3 y) | | | | |
| 114. Traces a cross, square (2½-3 y) | | | | |
| 115. Strings ½" beads (2½-3 y) | | | | |
| 116. Copies drawing: circle, square (3-4 y) | | | | |
| 117. Cuts paper on line (3-4 y) | | | | |
| 118. Imitates drawing - + V H strokes (3-4 y) | | | | |
| 119. Upon demonstration, ties a knot (3-4 y) | | | | |
| 120. Copies drawing: triangle, star, diagonal stroke (4-5 y) | | | | |

GROSS MOTOR: Rolling
Sitting: with support
Sitting: independent

121. Draws, prints simple words (4-5 y)

122. Colors within lines (4-5 y)

123. Adult grasp of crayon: thumb, index, middle finger (4-5 y)

GROSS MOTOR

XIII. Rolling:

124. Rolls from stomach to back (5-6 m)

125. Rolls from back to stomach (5-6 m)

126. Complete roll: stomach-back-stomach (6-7 m)

127. Moves short distances: rolling, pivoting, crawling (6-7 m)

XIV. Sitting: with support

128. Sits with support; head control (4-5 m)

129. Sits with minimal support (5-6 m)

130. Sits in straight back chair, head & back straight (5-6 m)

XV. Sitting: independent

131. Sits independently 30 seconds or more (6-7 m)

132. Sits several minutes, good balance (7-8 m)

133. Sits cross-legged, legs out in front (7-8 m)

134. Gets to sitting from prone (7-8 m)

GROSS MOTOR: Crawling: independent
Creeping: independent

135. Pivots in sitting position (7-8 m)
136. Gets to sitting from supine (10-11 m)
137. Seats self in small chair (1.2-1.3 y)
138. Sits and rocks on rocking horse or chair (1.2-1.3 y)
139. Gets down from adult chair (1½-2 y)
140. Uses swing, maintains balance (2½-3 y)

XVI: Crawling: independent

141. Pivots on stomach (5-6 m)
142. Pushes self backwards using arms or legs (5-6 m)
143. Supports weight of upper body on both hands (6-7 m)
144. Moves using arms and legs, tummy on floor (7-8 m)
145. Crawls up stairs (12 m - 1.1 y)
146. Crawls backwards down stairs (1.1-1.2 y)

XVII. Creeping: independent

147. Rocks back and forth on hands and knees (7-8 m)
148. Creeps moving arms & legs in alternating pattern (10-11 m)
149. Kneels alone, "walks" on knees (12 m - 1.1 y)

GROSS MOTOR: Standing: Minimum support
Standing: Independent

## XVIII. Standing: minimum support

150. Bears own weight when held at chest (6-7 m)
151. Pulls self from sitting to standing (7-8 m)
152. Stands holding on to furniture (7-8 m)
153. Stepping movement when held in support standing (9-10 m)
154. Lowers self from standing to sitting using support (9 - 10 m)
155. Uses furniture to pull self up and stand (10 - 11 m)
156. Maintains forward, backward and sideward balance while standing with support (10 - 11 m)
157. Stands, holding on with one hand (10 - 11 m)
158. Stands on one foot with help (1.3 - 1½ y)

## XIX. Standing: independent

159. Stands alone, few seconds (12 m - 1.1 y)
160. Stands alone, shifts weight between feet (12 m - 1.1 y)
161. Gets to standing using hands only (12 m - 1.1 y)
162. Stoops, raises self to standing again (12 m - 1.1 y)
163. Gets to sitting from standing (12 m - 1.1 y)
164. Squats in play, no propping self (1½ - 2 y)
165. Stands on left-right foot for several seconds (1½-2y)
166. Bends from waist, resumes standing (1½ - 2 y)

GROSS MOTOR: Ball play: independent games
LANGUAGE: Vocalizations: babbling & jargon

| | | | |
|---|---|---|---|
| 184. Walks up, downstairs alternating feet: may/may not use handrail (2½-3 y) | | | |
| 185. Jumps over rope (3-3½ y) | | | |
| | | | |
| XXII. Ball Play: Independent games | | | |
| 186. Kicks a ball (1.3-1½ y) | | | |
| 187. Throws a ball into a container (1.3-1½ y) | | | |
| 188. Rides a kiddy-car (1.3-1½ y) | | | |
| 189. Rides a tricycle (1½ - 2 y) | | | |
| 190. Ball; catches, overhead throw, drop kicks (3-3½ y) | | | |
| 191. Ball:underhand, overhand throw, catches small ball (4-5 y) | | | |
| LANGUAGE | | | |
| XXIII. Vocalizations: babbling and jargon | | | |
| 192. Responds vocally to seeing self in mirror (5-6 m) | X | | |
| 193. Makes sounds with different inflectional patterns (5-6 m) | X | | |
| 194. Babbling: combines two or more different syllables (6-7 m) | X | | |
| 195. "Sings" with music; no true words (7-8 m) | X | | |
| 196. Responds vocally when talked to (8-9 m) | X | | |
| 197. Jargon: combines four or more syllables together (9-10 m) | / | | |
| 198. Vocal response to songs and rhymes (11-12 m) | X | | |
| 199. Uses real words in jargon (12 m - 1.2 y) | / | | |

GROSS MOTOR: Walking: support
Walking: independent

## XX. Walking: support

167. Takes a few steps holding on to one hand (10-11 m)
168. Cruises by sidestepping and holding on (12 m - 1.1 y)
169. Takes several steps when held by trunk (12 m - 1 y)

## XXI. Walking: Independent

170. Takes a few steps between persons (10 - 11 m)
171. Walks 5-10 steps or more (12 m - 1.1 y)
172. Stoops, stands, continues walking, may fall (1.1-1.2 y)
173. Walks sideways and backwards (1.2 - 1.3 y)
174. Heel-toe walking gait (1.2-1.3 y)
175. Runs but may fall (1.3-1½ y)
176. Jumps with both feet (1½-2 y)
177. Walks up, down stairs holding hand or handrail, feet on steps one at a time (1½-2 y)
178. Runs, avoids obstacles (2-2½ y)
179. Jumps from a medium height, up and forward (2-2½ y)
180. Hops on one foot (2-2½ y)
181. Runs in adult pattern (2½-3 y)
182. Hops, jumps forward (2½-3 y)
183. Walks on line and on tiptoe (2½-3 y)

GROSS MOTOR: Ball play: independent games
LANGUAGE: Vocalizations: babbling & jargon

| | | | |
|---|---|---|---|
| 184. Walks up, downstairs alternating feet: may/may not use handrail (2¼-3 y) | | | |
| 185. Jumps over rope (3-3½ y) | | | |
| | | | |
| XXII. Ball Play: Independent games | | | |
| 186. Kicks a ball (1.3-1½ y) | | | |
| 187. Throws a ball into a container (1.3-1½ y) | | | |
| 188. Rides a kiddy-car (1.3-1½ y) | | | |
| 189. Rides a tricycle (1½ - 2 y) | | | |
| 190. Ball; catches, overhead throw, drop kicks (3-3½ y) | | | |
| 191. Ball:underhand, overhand throw, catches small ball (4-5 y) | | | |
| LANGUAGE | | | |
| XXIII. Vocalizations: babbling and jargon | | | |
| 192. Responds vocally to seeing self in mirror (5-6 m) | X | | |
| 193. Makes sounds with different inflectional patterns (5-6 m) | X | | |
| 194. Babbling: combines two or more different syllables (6-7 m) | X | | |
| 195. "Sings" with music; no true words (7-8 m) | X | | |
| 196. Responds vocally when talked to (8-9 m) | X | | |
| 197. Jargon: combines four or more syllables together (9-10 m) | / | | |
| 198 Vocal response to songs and rhymes (11-12 m) | X | | |
| 199. Uses real words in jargon (12 m - 1.2 y) | / | | |

## LANGUAGE: Expressive
Gestures and Word Immitation
Simple Sentences

### XXIV. Gestures and Word Imitation

| | | |
|---|---|---|
| 200. | Plays speech gesture games: pat-a-cake (8-9 m) | X |
| 201. | Uses gesture language: shakes head 'no',waves "bye" (8-9 m) | X |
| 202. | Imitates sounds and syllables: cough, consonant, and vowel combinations (8-9 m) | X |
| 203. | Indicates wants by gesture, pointing, pantomine(9-10 m) | X |
| 204. | Responds to questions with appropriate gestures(10-11 m) | / |
| 205. | Attempts to communicate using real words (1.2-1.3 y) | / |
| 206. | Requests things using words only (1.4-1.6 y) | — |
| 207. | Imitates 2-3 word sentences, motor & animal sounds (1.6-1.8 y) | — |

### XXV. Simple Sentences

| | | |
|---|---|---|
| 208. | Uses 5 or more words with meaning (12m - 1.2 y)<br>eat, up, bye, yes, more | / |
| 209. | Uses words of greeting and farewell (1.6-1.8 y) | X |
| 210. | Asks questions (1.6-1.8 y) | — |
| 211. | Vocabulary of 10-20 words (1.6-1.8 y) | — |
| 212. | Combines 2 or more words to make simple sentences (1.8-1.10 y) | — |
| 213. | Vocabulary of 270 words (1.10 - 2 y) | — |
| 214. | Uses 2-3 word sentences in conversation (2-2.3 y) | — |
| 215. | Relates experiences, expresses feelings in 2-3 word sentences (2.9-3 y) | — |
| 216. | Puts simple sentences together using and,or,but (2.9-3 y) | — |

LANGUAGE: EXPRESSIVE Fluency
RECEPTIVE: Simple Requests

| | | | |
|---|---|---|---|
| 217. Extensive vocabulary 500-1,000 words (2.9-3 y) | — | | |
| 218. Uses 4-5 word sentences (3½-4 y) | — | | |

XXVI. Fluency

| | | | |
|---|---|---|---|
| 219. Forms words clearly and is easily understood (2.3-2½ y) | — | | |
| 220. Uses: action verbs, plural pronouns, simple adverbs (2.9-3 y) | — | | |
| 221. Fluent speech: many topics (3-3½ y) | — | | |
| 222. Tells a simple story about a picture (3-3½ y) | — | | |
| 223. Answers and talks on the phone (3-3½ y) | — | | |
| 224. Sings songs, nursery rhymes from memory (3½-4 y) | — | | |
| 225. Converses in 4-5 word sentences (3½-4 y) | — | | |
| 226. Uses negatives, prepositions and past tense (3½-4 y) | — | | |
| 227. Talks to self in play, make-believe, pretend times (3½-4 y) | — | | |
| 228. Carries on a long conversation (4½-5 y) | — | | |

XXVII. Simple Requests

| | | | |
|---|---|---|---|
| 229. Understands familiar phrases (6-7 m) | X | | |
| 230. Attends to music, singing (6-7 m) | X | | |
| 231. Looks at object when named (7-8 m) | X | | |
| 232. Understands "don't touch" from a familiar person (9-12 m) | X | | |
| 233. Follows simple verbal directions (9-10 m) | / | | |

LANGUAGE: Receptive
Appropriate Response: directions and commands
Understanding: complex words and concepts

| | | | |
|---|---|---|---|
| XXVIII. Appropriate response: directions and commands | / | | |
| 234. Rhythmic response to music (10-11 m) | X | | |
| 235. Attends to rhymes, jingles for 3 minutes (12m-1.2y) | − | | |
| 236. Points to 3 of 5 familiar objects on request (12m-1.2y) | + | | |
| 237. Follows two part commands (1.2-1.4 y) | − | | |
| 238. Understands: simple questions, common verbs (1.4-1½ y) | − | | |
| 239. Indicates understanding of complex sentences (1.10-2y) | / | | |
| 240. Follows a sequence of 4 related directions (1.10-2 y) | − | | |
| 241. Attends to stories for 15 minutes (1.10-2 y) | − | | |
| 242. Follows commands involving two objects and two actions (2.9-3 y) | − | | |
| 243. Follows 3 and 4 part commands (2.9-3 y) | | | |
| | | | |
| XXIX. Understanding: complex words and concepts | | | |
| 244. Indicates an understanding of: | | | |
| action verbs sleep, eat, drink, clap, kick | / | | |
| prepositions | − | | |
| descriptive words | − | | |
| plurality involving one or more objects | − | | |
| complex commands involving adverbs (2-2.3 y) | − | | |
| | | | |

SELF-HELP: Dressing: Cooperates
Independent

| | | | |
|---|---|---|---|
| eye, nose, mouth, feet, hands | | | |
| 245. Identifies smaller parts of body (2-2.3 y) points | X | | |
| 246. Indicates understanding of: | | | |
| most prepositions | — | | |
| interrogative words | — | | |
| negatives | — | | |
| words used to categorize objects (2.9-3 y) | — | | |
| 247. Indicates an understanding of most verbs (3-4 y) | — | | |
| 248. Indicates understanding of abstract concepts involving feelings and emotions (4-5 y) | — | | |
| SELF-HELP | | | |
| XXX. Dressing: Cooperates | | | |
| 249. Pulls off hat (6-9 m) | | | |
| 250. Pulls off socks (8-9 m) | | | |
| 251. Removes simple items of clothing (12m - 1.3 y) | | | |
| 252. Puts on simple garments (1.3-1.5 y) | | | |
| 253. Attempts putting on shoes, needs help (1.3-1½ y) | | | |
| | | | |
| XXXI. Dressing: Independent | | | |
| 254. Zips, unzips large zipper (1½-2 y) | | | |
| 255. Removes coat, shoes, pants, dress if unfastened (1½-2 y) | | | |
| 256. Puts on coat, needs help with fasteners (2-2½ y) | | | |

SELF-HELP: Dressing - Independent
Feeding - Solid Foods

257. Manipulates: snaps, shoes, laces, zippers, buckles, large buttons, successfully (2-2½ y)
258. Puts shoes on, pants on and off, hangs up coat, removes most clothing (2-2½ y)
259. Dresses self independently; may need help with front and back (2-2½ y)
260. Fastens and unfastens large buttons (2½-3 y)
261. Undresses self completely (2½-3 y)
262. Dresses self completely. Distinguishes: Front, back, right, wrong, may need help with shoes (3-4 y)
263. Puts on loose fitting boots, shoes correctly (3-4 y)
264. Front of garment: matches buttons & holes to put on shirt, coat, blouse (3-4 y)
265. Hangs up clothes (3-4 y)
266. Puts each shoe on the correct foot (3-4 y)
267. Laces shoes and ties simple bow (4-5 y)

XXXII. Feeding: solid foods

268. Gums solid foods (5-6 m)
269. Bite reflex absent (5-6 m)
270. Gag reflex diminished (5-6 m)
271. Eats a cookie or cracker (6-9)
272. Finger feeds self:dry cereal,small pieces of meat (9-10m)
273. Absence of drooling (9-10 m)
274. Chews lumpy, small pieces of solid food (9-10 m)

SELF-HELP: Feeding - utensils
Feeding - Social graces

## XXXIII. Feeding: Utensils

275. Uses a spoon and a cup:much dripping & spilling (10-12m)
276. Independent: spoon & finger feeding, cup drinking, may need supervision (1-1½ y)
277. Uses a fork (1½-2 y)
278. Plays with food when full (1½-2 y)
279. Sucks through a straw (2-2½ y)
280. Pours own drink (2-2½ y)
281. Feeds self independently:uses spoon,fork,cup (2-2½y)
282. Spreads soft foods with a knife (3-4 y)
283. Cuts food with a knife (4-5 y)
284. Uses a paper straw (4-5 y)

## XXXIV. Feeding: Social graces

285. Uses napkin appropriately (2-2½ y)
286. Completes a meal without help (2½-3 y)
287. Chooses foods/own menu at mealtime (4-5 y)
288. Sets table and serves self (4-5 y)
289. Sociable and talkative during meals (4-5 y)

PERSONAL HYGIENE: Hair care and tooth brushing
Washes, dries self independently
TOILETING: Supervised

## XXXV. Personal Hygiene: Hair care and tooth brushing

290. Applies toothpaste to brush and brushes teeth independently (3-4 y)
291. Brushes hair neatly (3-4 y)
292. Keeps nose clean (4-5 y)
293. Combs hair, needs help getting hair neat (4-5 y)

## XXXVI. Personal Hygiene: dries self independently

294. Participates in washing/drying hands/face (11-12 m)
295. Washes and dries hands without supervision (2½-3 y)
296. Helps during bath time (2½-3 y)
297. Washes and dries face completely (3-4 y)
298. Bathes self; requires supervision for safety (4-5 y)

## XXXVII. Toileting: Supervised

299. Predictable pattern of bowel movement starts (11-12 m)
300. Indicates wet or soiled pants (1.3-1.6 y)
301. When taken, sits on potty or toilet (1.3-1.6 y)
302. Bowel functioning if placed on toilet at reg. time (1.6-2 y)
303. Less frequent elimination due to bowel/bladder maturation (2-2½ y)
304. Uses signs, gestures to indicate toilet needs (2½-3 y)

305. Distinguishes bladder/bowel functions with different words (2½-3 y)
306. Daytime bladder control: some accidents, needs reminders; help dressing and wiping (2½-3 y)

## XXXVIII. Toileting: Independent Management

307. Manages outer cloting, pulls pants up/down (2½-3 y)
308. Bowel control (2½-3 y)
309. Night time bladder control (3-4 y)
310. Goes to bathroom on own initiative (3-4 y)
311. Wipes self clean after bowel movement (3-4 y)
312. Full independent toileting: dresses, undresses, wipes self clean, washes/dries hands (4-5 y)

## SOCIAL EMOTIONAL

## XXXIX. Social Interactions

313. Responds to own name (4-8 m)
314. Indicates desire for personal attention (8-9 m)
315. Offers toy but may not give it up (10-11 m)
316. Repeats activity enjoyed by adult (10-11 m)
317. If left alone, attempt to maintain adult contact (11-12 m)
318. Separates easily from familiar adult (1½-2 y)
319. Helps with routine household tasks (1½-2y)
320. Interacts socially by imitating, following, copying (2-2½ y)

## SOCIAL EMOTIONAL: Social Interactions
## Affective Reactions

321. Spontaneously greets people (2½-3 y)

322. Understands taking turns (3-3½y)

323. Courteous: uses please, thank you, you're welcome (3½-4y)

324. Enjoys performing for others (4-5 y)

325. Authoritative behaviors: bossing, criticizing (4-5 y)

### XXXX. Affective Reactions

326. Stops activity when given negative command (8-10 m)

327. Hugs or pats familiar person (10-11 m)

328. Appropriately demonstrates sympathetic feelings; tries to comfort or help (1½-2 y)

329. Spontaneously displays affections (1½-2 y)

330. Demonstrates jealousy when attention is given to others (1½-2 y)

331. Demonstrates protective gestures toward younger children (2-2½ y)

332. Cooperates in sharing/taking turns 75% of time, with adult direction (2-2½ y)

333. Possessive of personal possessions (2-2½ y)

334. Attempts to control own activities (2-2½ y)

335. Shares own possessions (2½ -3 y)

336. Complies with wishes of others (3-3½ y)

337. Recognizes feelings of others; verbally uses words: mad, angry, sad (4-5 y)

338. Sympathetic response to playmates in distress (4-5 y)

339. Understands: basic fairness, unfairness, right, wrong, being mean, name calling (4-5 y)

## XXXXI. Play. . . . .

340. Indicates enjoyment of social games (6-7 m)
341. Means-end play: own activity affects environment (6-7 m)
342. Combines objects, toys: banging, putting into containers (8-9 m)
343. Enjoys another childs company (11-12 m)
344. Imitative play (11-12 m)
345. Solitary play:occupies self for 15 minutes (12m-1½y)
346. Side by side play: little interaction (12m-1½y)
347. Gross motor, musical,imaginative play (12m-1½y)
348. Pretend play: imitates actions of parents/other children (1½-2y)
349. Parallel play: plays beside another child (1½-2 y)
350. Enjoys rough and tumble play (1½-2 y)
351. Small group play:2or 3 children, watches or joins in (2-2½y)
352. Social group play: shares and takes turn (3-3½ y)
353. Interested in: collecting things, excursions, dramatic and complex creative play (3-3½ y)
354. Peer play:friends of same sex & age (4-5 y)
355. Group play: 4 or 5 children, little friction (4-5 y)

DRAFT II

# CANTALICIAN CENTER FOR LEARNING

## Toddler Developmental Checklist

## AVERAGE AGE ATTAINMENT SCALE

Directions: To approximate an average age add the number in each section & divide by 2. Correlate the averaged number in each category to the Total Skills Accomplished Rating on the Average Age Attainment Scale, e.g. if the Total Skills Accomplished in the COGNITIVE area: Object Concepts averaged to 3, the resultant Average Age Attainment would be equivalent to 1.5 yrs. (1 yr. 5 mos.). *Average Age Attainment as utilized in the Toddler Developmental Checklist are recognized to be approximations only.*

| OTAL SKILLS ACCOMPLISHED | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| OGNITIVE: | | | | | | | | | | | | | | | | | | |
| Object Concepts | 10 | 1.5 | 1.5 | 2.3 | 3.6 | 4.6 | | | | | | | | | | | | |
| Body Concepts | 9 | 1.9 | 2.3 | 2.9 | 2.9 | 2.9 | 4.3 | 4.9 | 4.9 | 4.9 | | | | | | | | |
| Color Concepts | 2.9 | 2.9 | 2.9 | 2.9 | 3.6 | 4.6 | | | | | | | | | | | | |
| Shape Concepts | 11 | 1.7 | 1.9 | 1.11 | 2.3 | 2.9 | 3.3 | 3.3 | 3.9 | 4.3 | 4.3 | 4.3 | 4.9 | 4.9 | | | | |
| Size Concepts | 1.11 | 2.3 | 2.9 | 2.9 | 3.3 | | | | | | | | | | | | | |
| Space Concepts | 9 | 1.6 | 2.3 | 2.3 | 2.9 | 3.6 | 4.6 | | | | | | | | | | | |
| Time Concepts | 2.5 | 2.9 | 2.9 | 2.9 | 3.6 | 3.6 | 3.6 | 4.6 | 4.6 | | | | | | | | | |
| Number Concepts | 1.9 | 2.3 | 2.9 | 2.9 | 3.6 | 3.6 | 3.6 | 4.6 | 4.6 | 4.6 | 4.6 | 4.6 | 4.6 | 4.6 | | | | |
| INE MOTOR: | | | | | | | | | | | | | | | | | | |
| Visual Response | 3 | 4 | 5 | | | | | | | | | | | | | | | |
| Reach-Grasp | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 7 | 8 | 9 | 9 | 11 | 12 | 12 | 1.2 | | | |
| Obj.Manipulation I | 12 | 1.2 | 1.2 | 1.2 | 1.5 | 1.6 | 1.6 | 1.9 | 2.3 | 2.9 | 3.6 | 4.6 | | | | | | |
| Obj.Manipulation II | 12 | 1.2 | 1.6 | 1.9 | 1.9 | 1.9 | 1.9 | 1.9 | 1.9 | 2.3 | 2.9 | 2.9 | 2.9 | 2.9 | 3.6 | 3.6 | 3.6 | 3.6 |
| | 19 | 20 | 21 | 22 | | | | | | | | | | | | | | |
| | 4.6 | 4.6 | 4.6 | 4.6 | | | | | | | | | | | | | | |
| GROSS MOTOR | | | | | | | | | | | | | | | | | | |
| Rolling | 6 | 6 | 7 | 7 | | | | | | | | | | | | | | |
| Sit:Support | 5 | 6 | 6 | | | | | | | | | | | | | | | |
| Sit:Independent | 7 | 8 | 8 | 8 | 8 | 11 | 1.3 | 1.3 | 1.9 | 1.9 | | | | | | | | |
| Crawling | 6 | 6 | 7 | 8 | 1.1 | 1.2 | | | | | | | | | | | | |
| Creeping | 8 | 11 | 1.1 | | | | | | | | | | | | | | | |
| Stand:Support | 7 | 8 | 8 | 10 | 10 | 11 | 11 | 11 | 1.5 | | | | | | | | | |

Compiled by: John Gaulin
Sister Mary Lorita, CSSF

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It cannot be copied or given to others.

## Toddler Developmental Checklist
### AVERAGE AGE ATTAINMENT SCALE

| TOTAL SKILLS ACCOMPLISHED | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Stand: Independent | 1.1 | 1.1 | 1.1 | 1.1 | 1.1 | 1.9 | 1.9 | 1.9 | | | | | | | | | | |
| Walk: Support | 11 | 1.1 | 1.1 | | | | | | | | | | | | | | | |
| Walk: Independent | 11 | 1.1 | 1.2 | 1.3 | 1.3 | 1.5 | 1.9 | 1.9 | 2.3 | 2.3 | 2.3 | 2.9 | 2.9 | 2.9 | 2.9 | 3.3 | | |
| Ball Play: Games | 1.5 | 1.5 | 1.5 | 1.9 | 3.3 | 4.6 | | | | | | | | | | | | |
| LANGUAGE:EXPRESSIVE | | | | | | | | | | | | | | | | | | |
| Babbling, Jargon | 6 | 6 | 7 | 8 | 9 | 10 | 12 | 1.1 | | | | | | | | | | |
| Gestures, Word Imitation | 9 | 9 | 9 | 10 | 11 | 1.3 | 1.5 | 1.7 | | | | | | | | | | |
| Simple Sentence | 1.1 | 1.7 | 1.7 | 1.7 | 1.9 | 1.11 | 2.2 | 2.11 | 2.11 | 2.11 | 3.9 | | | | | | | |
| Fluency | 2.5 | 2.11 | 3.3 | 3.3 | 3.3 | 3.9 | 3.9 | 3.9 | 3.9 | 4.9 | | | | | | | | |
| LANGUAGE:RECEPTIVE | | | | | | | | | | | | | | | | | | |
| Simple Requests | 7 | 7 | 8 | 10 | 11 | | | | | | | | | | | | | |
| Appropriate Response | 11 | 1.1 | 1.1 | 1.3 | 1.5 | 1.11 | 1.11 | 1.11 | 2.11 | 2.11 | | | | | | | | |
| Complex Words, Concepts | 2.2 | 2.2 | 2.11 | 3.6 | 4.6 | | | | | | | | | | | | | |
| SELF-HELP | | | | | | | | | | | | | | | | | | |
| Dress: Cooperates | 8 | 9 | 1.2 | 1.4 | 1.5 | | | | | | | | | | | | | |
| Dress: Independent | 1.9 | 1.9 | 2.3 | 2.3 | 2.3 | 2.3 | 2.9 | 2.9 | 3.6 | 3.6 | 3.6 | 3.6 | 3.6 | 4.6 | | | | |
| Feed: Solids | 6 | 6 | 6 | 8 | 10 | 10 | 10 | | | | | | | | | | | |
| Feed: Utensils | 11 | 1.3 | 1.9 | 1.9 | 2.3 | 2.3 | 2.3 | 3.6 | 4.6 | 4.6 | | | | | | | | |
| Feed: Social Graces | 2.3 | 2.9 | 4.6 | 4.6 | 4.6 | | | | | | | | | | | | | |
| Hygiene: Hair, Teeth | 3.6 | 3.6 | 4.6 | 4.6 | | | | | | | | | | | | | | |
| Hygiene: Dries Self | 12 | 2.9 | 2.9 | 3.6 | 4.6 | | | | | | | | | | | | | |
| Toileting: Supervised | 12 | 1.5 | 1.5 | 1.9 | 2.3 | 2.9 | 2.9 | 2.9 | | | | | | | | | | |
| Toileting: Independent | 2.9 | 2.9 | 3.6 | 3.6 | 3.6 | 3.6 | 4.6 | | | | | | | | | | | |
| SOCIAL-EMOTIONAL | | | | | | | | | | | | | | | | | | |
| Social Interactions | 6 | 9 | 11 | 11 | 12 | 1.9 | 1.9 | 2.3 | 2.9 | 3.3 | 3.9 | 4.6 | 4.6 | | | | | |
| Affective Reactions | 9 | 11 | 1.9 | 1.9 | 1.9 | 2.3 | 2.3 | 2.3 | 2.3 | 2.9 | 3.3 | 4.6 | 4.6 | 4.6 | | | | |
| Play | 7 | 7 | 9 | 12 | 12 | 1.3 | 1.3 | 1.3 | 1.9 | 1.9 | 1.9 | 2.3 | 3.3 | 3.3 | 4.6 | 4.6 | | |

CANTALICIAN CENTER FOR LEARNING

## Toddler Developmental Checklist

Individual Progress Form

Draft II

NAME

DATE OF BIRTH 5-5-77

Adapted from:
The Vulpe Assessment Battery (2nd Ed.)
By Shirley German Vulpe
National Institute on Mental Retardation
Toronto, Ontario, Canada
Adapted by:
Sister Mary Lorita, CSSF

| | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 19 81 | | | | | | 19__ | | | | | | 19__ | | | | | | 19__ | | | | | |
| | | | SEPT. | | JAN. | | JUNE | | SEPT. | | JAN. | | JUNE | | SEPT. | | JAN. | | JUNE | | SEPT. | | JAN. | | JUNE | |
| | TOTAL ITEMS | TOP AVERAGE AGE ATTAINMENT | TOTAL SKILLS ACHIEVED | AVERAGE AGE OF TOTAL SKILLS ACHIEVED | TOTAL SKILLS ACHIEVED | AVERAGE AGE OF TOTAL SKILLS ACHIEVED | TOTAL SKILLS ACHIEVED | AVERAGE AGE OF TOTAL SKILLS ACHIEVED | TOTAL SKILLS ACHIEVED | AVERAGE AGE OF TOTAL SKILLS ACHIEVED | TOTAL SKILLS ACHIEVED | AVERAGE AGE OF TOTAL SKILLS ACHIEVED | TOTAL SKILLS ACHIEVED | AVERAGE AGE OF TOTAL SKILLS ACHIEVED | TOTAL SKILLS ACHIEVED | AVERAGE AGE OF TOTAL SKILLS ACHIEVED | TOTAL SKILLS ACHIEVED | AVERAGE AGE OF TOTAL SKILLS ACHIEVED | TOTAL SKILLS ACHIEVED | AVERAGE AGE OF TOTAL SKILLS ACHIEVED | TOTAL SKILLS ACHIEVED | AVERAGE AGE OF TOTAL SKILLS ACHIEVED | TOTAL SKILLS ACHIEVED | AVERAGE AGE OF TOTAL SKILLS ACHIEVED | TOTAL SKILLS ACHIEVED | AVERAGE AGE OF TOTAL SKILLS ACHIEVED |
| COGNITIVE | 71 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Object Concepts | 6 | 4.6y | | | | | | | | | | | | | | | | | | | | | | | | |
| Body Concepts | 10 | 4.9y | | | | | | | | | | | | | | | | | | | | | | | | |
| Color Concepts | 6 | 4.6y | | | | | | | | | | | | | | | | | | | | | | | | |
| Shape Concepts | 14 | 4.9y | | | | | | | | | | | | | | | | | | | | | | | | |
| Size Concepts | 5 | 3.3y | | | | | | | | | | | | | | | | | | | | | | | | |
| Space Concepts | 7 | 4.6y | | | | | | | | | | | | | | | | | | | | | | | | |
| Time Concepts | 9 | 4.6y | | | | | | | | | | | | | | | | | | | | | | | | |
| Number Concepts | 14 | 4.6y | | | | | | | | | | | | | | | | | | | | | | | | |
| FINE MOTOR | 52 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Visual Response | 3 | 5m | | | | | | | | | | | | | | | | | | | | | | | | |
| Reach-Grasp | 15 | 1.2y | | | | | | | | | | | | | | | | | | | | | | | | |
| Obj.ManipulationI | 12 | 4.6y | | | | | | | | | | | | | | | | | | | | | | | | |
| Obj.ManipulationII | 22 | 4.6y | | | | | | | | | | | | | | | | | | | | | | | | |
| GROSS MOTOR | 68 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rolling | 4 | 7m | | | | | | | | | | | | | | | | | | | | | | | | |
| Sit:Support | 3 | 6m | | | | | | | | | | | | | | | | | | | | | | | | |
| Sit:Independent | 10 | 1.9y | | | | | | | | | | | | | | | | | | | | | | | | |
| Crawling | 6 | 1.2y | | | | | | | | | | | | | | | | | | | | | | | | |
| Creeping | 3 | 1.1y | | | | | | | | | | | | | | | | | | | | | | | | |
| Stand:Support | 9 | 1.5y | | | | | | | | | | | | | | | | | | | | | | | | |
| Stand:Independent | 8 | 1.9y | | | | | | | | | | | | | | | | | | | | | | | | |
| Walk:Support | 3 | 1.1y | | | | | | | | | | | | | | | | | | | | | | | | |

# Toddler Developmental Checklist

NAME____________________

## Individual Progress Form

|  |  |  | 19___ |  |  |  |  |  | 19___ |  |  |  |  |  | 19___ |  |  |  |  |  | 19___ |  |  |  |  |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|  |  |  | SEPT. |  | JAN. |  | JUNE |  | SEPT. |  | JAN. |  | JUNE |  | SEPT. |  | JAN. |  | JUNE |  | SEPT. |  | JAN. |  | JUNE |  |
|  | TOTAL ITEMS | TOP AVERAGE AGE ATTAINMENT | TOTAL SKILLS ACHIEVED | AVERAGE AGE OF TOTAL SKILLS ACHIEVED | TOTAL SKILLS ACHIEVED | AVERAGE AGE OF TOTAL SKILLS ACHIEVED | TOTAL SKILLS ACHIEVED | AVERAGE AGE OF TOTAL SKILLS ACHIEVED | TOTAL SKILLS ACHIEVED | AVERAGE AGE OF TOTAL SKILLS ACHIEVED | TOTAL SKILLS ACHIEVED | AVERAGE AGE OF TOTAL SKILLS ACHIEVED | TOTAL SKILLS ACHIEVED | AVERAGE AGE OP TOTAL SKILLS ACHIEVED | TOTAL SKILLS ACHIEVED | AVERAGE AGE OF TOTAL SKILLS ACHIEVED | TOTAL SKILLS ACHIEVED | AVERAGE AGE OF TOTAL SKILLS ACHIEVED | TOTAL SKILLS ACHIEVED | AVERAGE AGE OF TOTAL SKILLS ACHIEVED | TOTAL SKILLS ACHIEVED | AVERAGE AGE OF TOTAL SKILLS ACHIEVED | TOTAL SKILLS ACHIEVED | AVERAGE AGE OF TOTAL SKILLS ACHIEVED | TOTAL SKILLS ACHIEVED | AVERAGE AGE OF TOTAL SKILLS ACHIEVED |
| alk: Independent | 16 | 3.3y | | | | | | | | | | | | | | | | | | | | | | | | |
| all Play: Games | 6 | 4.6y | | | | | | | | | | | | | | | | | | | | | | | | |
| ANGUAGE: EXPRESSIVE | 37 | | | | | | | | | | | | | | | | | | | | | | | | | |
| abbling - Jargon | 8 | 1.1y | | | | | | | | | | | | | | | | | | | | | | | | |
| estures-Word Imita. | 8 | 1.7y | | | | | | | | | | | | | | | | | | | | | | | | |
| imple Sentences | 11 | 3.9y | | | | | | | | | | | | | | | | | | | | | | | | |
| luency | 10 | 4.9y | | | | | | | | | | | | | | | | | | | | | | | | |
| ANGUAGE: RECEPTIVE | 20 | | | | | | | | | | | | | | | | | | | | | | | | | |
| imple Requests | 5 | 11m | | | | | | | | | | | | | | | | | | | | | | | | |
| ppropriate Response | 10 | 2.11y | | | | | | | | | | | | | | | | | | | | | | | | |
| omplex Words,Concept | 5 | 4.6y | | | | | | | | | | | | | | | | | | | | | | | | |
| ELF-HELP | 64 | | | | | | | | | | | | | | | | | | | | | | | | | |
| ress:Cooperates | 5 | 1.5y | | | | | | | | | | | | | | | | | | | | | | | | |
| ress: Independent | 14 | 4.6y | | | | | | | | | | | | | | | | | | | | | | | | |
| eed: Solids | 7 | 10m | | | | | | | | | | | | | | | | | | | | | | | | |
| eed: Utensils | 10 | 4.6y | | | | | | | | | | | | | | | | | | | | | | | | |
| eed: Social Graces | 5 | 4.6y | | | | | | | | | | | | | | | | | | | | | | | | |
| Hygiene:Hair,Teeth | 4 | 4.5y | | | | | | | | | | | | | | | | | | | | | | | | |
| Hygiene:Dries Self | 5 | 4.6y | | | | | | | | | | | | | | | | | | | | | | | | |
| Toileting:Supervised | 8 | 2.9y | | | | | | | | | | | | | | | | | | | | | | | | |
| Toileting:Independent | 6 | 4.6y | | | | | | | | | | | | | | | | | | | | | | | | |
| SOCIAL-EMOTIONAL | 43 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Social Interactions | 13 | 4.6y | | | | | | | | | | | | | | | | | | | | | | | | |
| Affective Reactions | 14 | 4.6y | | | | | | | | | | | | | | | | | | | | | | | | |
| Play | 16 | 4.6y | | | | | | | | | | | | | | | | | | | | | | | | |

CANTALICIAN CENTER FOR LEARNING
3233 MAIN STREET
BUFFALO, NEW YORK 14214

(716) 833-5353

## INDIVIDUAL EDUCATIONAL PROGRAM

SCHOOL YEAR 19__ - 19___

STUDENT NAME:______________________________D/O/B:__________

SCHOOL DISTRICT NAME:______________________________________

LEVEL (CHECK ONE)

______ FAMILY INFANT PROGRAM

________TODDLER PROGRAM

________PRESCHOOL

________PRIMARY

________INTERMEDIATE

________JUNIOR HIGH

________AUTISTIC

________PRE-OCCUPATIONAL

REVIEWED BY:

____________________________________CLASSROOM TEACHER ______
(DATE)

____________________________________EXECUTIVE DIRECTOR ______
(DATE)

____________________________________PARENT OR GUARDIAN ______
(DATE)

____________________________________COMMITTEE MEMBER
(SCHOOL DISTRICT) ______
(DATE)

CANTALICIAN CENTER FOR LEARNING
3233 MAIN STREET BUFFALO, NEW YORK 14214
FAMILY-INFANT PROGRAM

## Individual Educational Plan

The Individual Educational Plan (IEP) is a planned program written by the parents and the teaching staff for each infant enrolled in the Family-Infant Program. This is done in compliance with Public Law 94-142 which stipulates that all handicapped children have an IEP written and updated each school year. The IEP is, in essence, a contract between the school and the parents.

After the infant is assessed on the Bayley Scales of Infant Development, a conference will be held by the teacher with the parents. This planning conference will give the parents an opportunity to aid in the development of the IEP. The present level of functioning of the infant will be discussed. Long and short term goals, which the teacher and parents feel are important and reachable within a school year, will be written into the IEP. Ancillary services which may be provided to the infant are listed in the IEP and the parents may request a certain service if it is necessary for the infant's development.

The infant IEP will be reviewed three times a year. At the review new goals will be established if previous goals have been accomplished. It is most important that both parents attend each planning session for the IEP and that once an IEP has been established, that the parents and infant attend the program regularly.

It is a program policy that IEP planning can be arranged during non-traditional school hours. The Family-Infant Program staff is available evenings Monday-Friday and Saturday mornings and afternoons for the cooperative planning of your child's educational program.

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3233 MAIN STREET BUFFALO, NEW YORK 14214
FAMILY-INFANT PROGRAM

**NAME:** ______________________

**BIRTHDATE:** ______________________

**TESTDATE:** ______________________

**DIAGNOSIS:** ______________________

(**PER: NAME:** ______________________

**ADDRESS:** ______________________)

**DEVELOPMENTAL ASSESSMENT**

______________ was evaluated using the Bayley Scales of Infant Development at the age of ______________. ______________________ ______________________ was-were present throughout the assessment. ______________________

**MENTAL SCALE:** Raw Score: ______ MDI: ______ Age Equivalent: ______________

Developmental items indicating highest attainment were:

Social-Emotional: ______________________

Language: ______________________

Cognition: ______________________

Fine Motor: ______________________

MENTAL SCALE(cont)

The earliest developmental items not achieved were:

Social-Emotional: __________

Language: __________

Cognition: __________

Fine Motor: __________

MOTOR SCALE: Raw Score: _____ PDI: _____ Age Equivalent: _____

Developmental items demonstrating highest attainment were:

Social-Emotional: __________

Gross Motor: __________

Fine Motor: __________

The earliest developmental items not achieved were:

Social-Emotional: __________

Gross Motor: __________

Fine Motor: __________

This assessment is used in development of an individualized education program for __________ and his-her family.

PLACE OF TESTING: Cantalician Center for learning/Family-Infant Program.
TESTER: __________
NEXT SCHEDULED ASSESSMENT: __________

CANTALICIAN CENTER FOR LEARNING
3233 MAIN STREET
BUFFALO, NEW YORK 14214

## INDIVIDUAL EDUCATIONAL PLAN

NAME OF STUDENT: ______________________________ DATE: ____________

| SPECIFIC ANCILLARY SERVICES FOR THE INFANT | COMMENTS | BEGINNING DATE | ENDING DATE |
|---|---|---|---|
| _____ PHYSICAL THERAPY | | | |
|     _____ Consult | | | |
|     _____ Evaluation | | | |
|     _____ Treatment | | | |
| _____ OCCUPATIONAL THERAPY | | | |
|     _____ Consult | | | |
|     _____ Evaluation | | | |
|     _____ Treatment | | | |
| _____ SPEECH AND LANGUAGE CONSULT | | | |
| _____ ADAPTIVE EQUIPMENT | | | |
| _____ AUDIOLOGIST CONSULT | | | |

| SPECIFIC SERVICES FOR THE FAMILY | COMMENTS | BEGINNING DATE | ENDING DATE |
|---|---|---|---|
| _____ HOME VISITATION | | | |
| _____ COMMUNITY COORDINATOR<br>Referrals to Appropriate Agencies | | | |
| _____ LIBRARY SERVICES | | | |
|     _____ Book | | | |
|     _____ Toy | | | |
| _____ GUEST NURSERY | | | |

Reviewed by: ______________________________ Date: ____________

CANTALICIAN CENTER FOR LEARNING
3233 MAIN STREET BUFFALO, NEW YORK 14214

## INDIVIDUAL EDUCATIONAL PLAN

STUDENT NAME: ______________________________ DATE: __________

| | |
|---|---|
| **DEVELOPMENTAL AREA:**<br>**LONG TERM GOAL:**<br>**SHORT TERM GOAL:**<br>**METHODS AND/OR MATERIALS:** | DATE ACHIEVED |
| **DEVELOPMENTAL AREA:**<br>**LONG TERM GOAL:**<br>**SHORT TERM GOAL:**<br>**METHODS AND/OR MATERIALS:** | |

DATE
ACHIEVED

**DEVELOPMENTAL AREA:**

**LONG TERM GOAL:**

**SHORT TERM GOAL:**

**METHODS AND/OR MATERIALS:**

**DEVELOPMENTAL AREA:**

**LONG TERM GOAL:**

**SHORT TERM GOAL:**

**METHODS AND/OR MATERIALS:**

**Reviewed by:** ______________________________ **Date:** __________________

CANTALICIAN CENTER FOR LEARNING
3233 MAIN STREET BUFFALO, NEW YORK 14214
FAMILY-INFANT PROGRAM

## REQUEST FOR PHYSICAL THERAPIST SERVICES

Child's Name ______________________ Sex ______ M ______ F

arent's or Guardian's Names: ______________________

Address ______________________ Phone ______________

eacher ______________________

---

EASON FOR REFERRAL

THER FACTORS

Date ______________________ ______________________

Signature of Teacher

PHYSICAL THERAPIST SERVICES BY: ___ ______________________________

DATE REFERRAL RECEIVED ____________ ____________

ACTION TAKEN

COMMENTS

CANTALICIAN CENTER FOR LEARNING
3233 MAIN STREET
BUFFALO, NEW YORK 14214

## INFANT PROGRAM

NAME OF INFANT: ______________________ DATE OF BIRTH: ____

TESTER: ______________________ DATE OF TEST: ____

I. Functional Motor Developmental Level
   - A. Apedal ____
   - B. Quadrupedal ____
   - C. Bipedal ____

II. Predominant Muscle Tone
   - A. Hypotonic ____
   - B. Hypertonic ____
   - C. Hyperkinetic ____
   - D. Normal ____

III. Vision
   - A. Ocular Pursuit ____
   - B. Convergence ____

IV. Primitive Reflexes
   - A. Spinal Level
     1. Flexor Withdrawal ____
     2. Extensor Thrust ____
     3. Crossed Extension ____
     4. Grasp Reflex ____
   - B. Brain Stem Level
     1. Asymmetrical Tonic Neck ____
     2. Symmetrical Tonic Neck ____
     3. Tonic Labyrinthine Supine ____
     4. Tonic Labyrinthine Prone ____
     5. Associated Reactions ____
     6. Positive Supporting Reactions ____
     7. Negative Supporting Reactions ____
   - C. Automatic Movement Reactions
     1. Moro Reflex ____
     2. Landau Reflex ____
     3. Protective Extensor Thrust ____

CANTALICIAN CENTER FOR LEARNING

Infant Program
Motor Assessment Form
Page 2

Name of Infant: ____________
Date of Testing: ____________

V. Gross Motor Function
  A. Head raising with blindfold _______ without blindfold _______
    1. Prone ____________
    2. Supine ____________
    3. Lateralization ____________
  B. Withdrawal Pattern ____________
  C. Roll Over _______ Neck righting _______ Body righting _______
    1. Supine to Side ____________
      a. Right ____________
      b. Left ____________
    2. Supine to Prone
      a. Right ____________
      b. Left ____________
    3. Prone to Supine
      a. Right ____________
      b. Left ____________
  D. Pivot Prone Pattern
    1. Knees extended ____________
    2. Knees flexed ____________
  E. Neck Co-Contraction Pattern ____________
  F. Belly crawling
    1. Prone on elbows pattern ____________
      a. pushing back ____________
      b. turning ____________
      c. pulling forward ____________
    2. Amphibian Movements
      a. No progression ____________
    3. Pattern
      a. None ____________
      b. Homologous ____________
      c. Homolateral ____________
      d. Reciprocal ____________

CANTALICIAN CENTER FOR LEARNING

Infant Program

Motor Assessment Form

Page 3

Name of Infant: ____________________

Date of Testing: ____________________

G. Creeping on all fours
  1. Method of assumption ____________________
  2. Maintenance of position ____________________
  3. Weight Shift ____________________
  4. Pattern ____________________
    a. None ____________________
    b. Homologous ____________________
    c. Homolateral ____________________
    d. Reciprocal ____________________

H. Sitting
  1. Maintenance of position ____________________
  2. Method of assumption ____________________
  3. Equilibrium ____________________

I. Kneelstanding
  1. Method of assumption ____________________
  2. Maintenance ____________________
  3. Weight shift ____________________
  4. Kneelwalking ____________________

J. Standing
  1. Method of assumption ____________________
  2. Maintenance ____________________
  3. Weight shift ____________________
  4. Walking ____________________
    a. Cruising ____________________
    b. Arms used for balance ____________________
    c. Reciprocal pattern ____________________
    d. Running ____________________

VI. Fine Motor Function - manipulation of objects
  A. Grasp - type ____________________
  B. Release ____________________
  C. Opposition ____________________
  D. Supination ____________________

VII. Comments (behavior, attention span, etc.)

## AUDIOLOGICAL SCREEN FOR INFANTS

Name of Infant: ______________________________ Date of Exam: __________

Parent's Name: ______________________________

Address: ______________________________

______________________________

1. Have you ever questioned your child's ability to hear normally?

2. Has he ever had an earache or ear infection?
3. Have you ever noticed any discharge from either ear?
4. Does he respond (look at you) when you call his name - at a close distance?

   from a distance?

5. Does he respond to doorbells, telephone bells?
6. Does he appear to listen to radio _____? phonograph _____? TV _______?
7. For what length of time?
8. Can he identify any body parts or objects? (nose, eye, cup, bottle?)
9. Can we list some he knows?

   ____________ ____________ ____________

   ____________ ____________ ____________

10. Name whispered

    Cellophane

    /S/

    Bell

    /s/

    Horn

    Cellophane

    /S/

    Name Whispered

    /S/

    Cricket

| 11. | IDENTIFIES | NAMES |
|---|---|---|
| cup | | |
| spoon | | |
| bottle | | |
| glasses | | |
| ball | | |

| 12. Does he say any other words? | Repeats on imitation? |
|---|---|
| ____________ | ____________ |
| ____________ | ____________ |
| ____________ | ____________ |
| ____________ | ____________ |

13. Does he put two words together, like "Hi Dada," "Bye Mama," "More juice"? Spontaneously? ______ On Imitation? ______

14. CAN you think of any other combinations?

| | |
|---|---|
| ____________ | ____________ |
| ____________ | ____________ |
| ____________ | ____________ |
| ____________ | ____________ |

15. Does (or did) he babble?

________ Babble elicited

________ Voice quality

# POLICY

## SUBJECT: OBJECTIVES

### I. DEFINITIONS

A. OBJECTIVE: A behavioral description of an expected learner outcome to be accomplished by virtue of a planned teaching/learning program.

B. LONG-TERM OBJECTIVE: An objective to be accomplished over a period not less than one semester and no longer than one school year.

C. SHORT-TERM OBJECTIVE: Any objective in a sequence of objectives leading to a long term objective.

D. INITIAL OBJECTIVE: Any objective established upon first entering the program (no later than two weeks after initial participation). The distinction between initial objectives and other objectives is made solely in terms of when they are established and the criteria by which they are formulated. (See later)

### II. ESTABLISHING OBJECTIVES

A. NUMBER: No set number of objectives is to be formally established. The number of objectives to be established is a function of the infant's status and of the family's and the program's ability to manage multiple learning programs. As families progress the number of objectives can be expected to increase.

There should be relatively few long-range objectives, each of which will subsume a number of short-term objectives that define a hierarchy of skills to be learned.

While different objectives may receive different emphasis at home or at the Center, no objectives will be solely the province of one or the other settings.

Fewer objectives, each receiving relatively more time and effort, are desired over more objectives that would necessitate scattered attention and relatively less time devoted to each.

B. CRITERIA: All of the below must be evident in the objectives being worked on at any one point in each infant's program. They need not be present in each objective, but they must be evident over all objectives.

1. Must reflect the felt needs and expectations of the family.

2. There must be a high probability of definite growth over the projected time period resulting from appropriate programming.

3. Objectives must be prioritized. There must be a clear sense of what is and is not being emphasized.

    a. High priority must be given to areas where the level of functioning is most discrepant from normal functioning.

    b. High priority must be given to areas where given handicapping conditions are likely to have straight forward effect, i.e.; hard of hearing - language development; cerebral palsy - motor development.

    c. High priority must be given to enhancing interaction between the infant and family members.

4. Building on strengths must be present.

C. DATA: Because a central component in establishing objectives is formal knowledge of the participant, no objective will be established without reference to that knowledge. When establishing objectives, the below data is to be available.

1. Results of a standardized infant development scale, typically the Bayley Scales of Infant Development.

2. Results of systematic observation, including results from the Vulpe Adaptation.

3. Medical report.

4. Intake interview.

5. Family's statement of expectations and needs.

6. Other data as desired may be available.

D. PROCEDURES

1. RESPONSIBILITY: Establishing objectives is part of the IEP process and as such is the joint responsibility of teachers and family members. Ultimate responsibility, however, lies with the family. Teachers as professionals provide background, identify options, make recommendations, and clarify implications and courses of action.

It is assumed that when families are new to the program, teachers will assume whatever active initiating roles are needed by the decision process. Then as families become more confident and capable, family members should become more active and the teachers more consultative in the decision process.

2. PARTICIPATION: Major effort must be made to include both the mother and the father in establishing initial objectives. Toward that end the family's schedule and needs will be given priority when establishing meeting time and place. Non-traditional school hours and meeting places outside of school are appropriate as needed. Both the program and the family may invite others to particpate in the meeting. Whoever invites such participants (the family or the program) must inform the other party of that intention at least 24 hours prior to the meeting.

3. MECHANICS:

   a. Prior to meeting with the family, teachers will:
      - review all existing infant/family data;
      - prepare a list of tentative objectives and share it with the family;
      - prepare a rationale for each of the tentative objectives. The rationale must reflect data collected on the infant;
      - the curriculum coordinator may be consulted throughout this process.

   b. Prior to meeting with the teacher, families will:
      - have participated in their child's assessment; (it is assumed that findings would be explained.)
      - review the tentative objectives prepared by the teacher;
      - be prepared to suggest additions or alternatives.

   c. During the meeting:
      - all data included in the program files must be available during the meeting;
      - initially, tentative objectives will be reviewed to clarify meaning and intentions, to make appropriate modifications, to identify priorities and to reach accord;
      - additional objectives may be introduced, reviewed and included in the program when accord on them is reached;
      - the meeting will continue until agreement is reached on at least one objective. Typically, agreement should be reached and priorities should be established on several objectives;

- it is assumed that programming for objectives will also be discussed at this meeting

d. Agreement:
- When objectives are agreed upon they are to be written on the IEP form, then initialed and dated by both the teacher and the family. The curriculum supervisor will review the statement and indicate agreement by initialing and dating the IEP form.

## III. CHANGING OBJECTIVES

A. REVIEW: A formal review of progress toward attaining objectives must take place at least quarterly. Changes within established IEPs need no approval. Additions to the IEP or substitutions must be approved by the curriculum coordinator and appended to the IEP. They must be initialed and dated by the family, teacher and the curriculum coordinator.

B. CRITERIA: Once objectives have been formally established, the criteria for changing them are any of the below:

1. The objective has been attained at a predetermined level of performance. If a short term objective, the next objective in the sequence will be pursued. If a long term objective, a new objective may be established.

2. The objective has not been attained even though in the judgment of the teacher and the curriculum coordinator sufficient time has been devoted to the objective and the approach (or approaches) are appropriate and have been implemented appropriately. It will be determined that the child is not yet ready for this objective and another objective will be established lower in the hierarchy of preceding skills.

3. Problems in appropriately implementing the learning program(s) designed for particular objectives occur. If other appropriate programs cannot be designed, it will be determined that the staff and/or the family are not yet ready for this objective, and another objective within their resources will be established.

4. The status of the infant or family changes in sufficiently important way to make previously established objectives inappropriate or less important. A family crisis or a marked decline in the infant's health are examples of events that may require change in objectives.

C. DATA: Systematically collected, objective data in support of the decision to change objectives must be present prior to the decision for change.

## IV. INITIAL OBJECTIVES: A SPECIAL CONCERN

We are especially concerned that the participants first experiences in the program are successful. Toward that end, the below criteria must be evident in the initial objectives established. That is, if only one objective is established, all of the below must be evident in the one objective, but if two or more initial objectives are established all of the below must be evident over the objectives but not necessarily in each objective.

1. Must reflect the felt needs/expectations of the family.
2. There must be a high probability of visible growth being evident within no more than six weeks.
3. Programming for the objective(s) should involve the family. It should introduce and acclimate them to the program.

## V. MULTIPLE BASELINE DATA REQUIREMENTS

Data must be kept on at least one objective for which formal programming is not or has not been implemented. These may be in low priority areas or they may be on objectives for which programming is anticipated but not yet initiated. Should programming be established for such objectives, new objectives must be established to replace their function. Data will be collected for such objectives and compared to data on objectives for which programs have been initiated.

CANTALICIAN CENTER FOR LEARNING
3233 MAIN STREET BUFFALO, NEW YORK 14214
FAMILY-INFANT PROGRAM

Name: ______________________ Teacher: ______________________

Dates of Report: ______________ Days per Week: ______________

Date of Entry: ______________ Time of Sessions: ______________

## PERIODIC SUMMARY PROGRESS-PARTICIPATION REPORT

| DEVELOPMENTAL AREA | |
|---|---|
| | |

PARENT - CHILD - TEACHER RAPPORT

PARENT SUGGESTIONS - RECOMMENDATIONS FOR FUTURE PLANNING

OTHER AGENCIES (Medical appointments, therapies, evaluations)

Agency: ______________________

Date/Days: ______________________

Purpose: ______________________

Date Reports Requested: ______________________

Date Reports Received: ______________________

PARTICIPATION INFORMATION

Evaluation ______________________

Total Teaching Sessions ______________________

| Day | Eve | Sat |
|---|---|---|
| | | |

Weekly Meetings ______________________

Monthly Meetings ______________________

Get-togethers ______________________

Professional Conferences ______________________

Parent-Child Participation in Community Affairs

Date: ______________________

Agency ______________________

Purpose: ______________________

Siblings to Guest Nursery ______________________

Number of Days ______________________

Other Family Members

Number of Days ______________________

Father Participation ______________________

Number of Times ______________________

Other Information

PT Consult ______________________

Dates: ______________________

Teletapes Viewed ______________________

Days Absent ________

CANTALICIAN CENTER FOR LEARNING
3233 MAIN STREET BUFFALO, NEW YORK 14214
FAMILY-INFANT PROGRAM

## INDIVIDUAL GOAL SHEET

Name of Child ____________________ Date of Entry ____________

Birthdate ____________________ Teacher ____________

| Goal No. | Specific Goal | Date Began | Date Achieved |
|---|---|---|---|
| | | | |
| | | | |
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# INFANT CURRICULUM

## SELECTED ACTIVITIES

11

**CANTALICIAN CENTER FOR LEARNING** AGE: 7-9 months

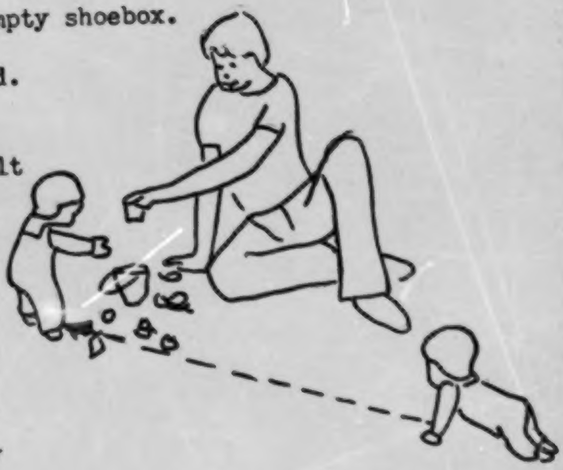
**NAME** ____________________
**DATE** ____________________

SOCIAL - establishment of contacts.

**AIM:** To actively establish contacts.

**MATERIALS:** Favorite toys, plastic containers, or empty shoebox.

**POSITION:** Mother and father on floor away from child.



**ACTIVITY:**

1. Have mother and father or other adult sit down on floor away from child, pretend not to notice him and start doing something interesting by themselves. Perhaps they'll crowd objects into a container and then empty it again.
2. The child sitting on the floor can then crawl up to parents or other adult. He will observe you and may join in your activities.

**SOURCE:** Koch, Jaroslav. Total Baby Development

**AGE:** 7-9 months 13

NAME: ________________________
DATE: ________________________

**ACTIVE LANGUAGE** -To call for daddy.

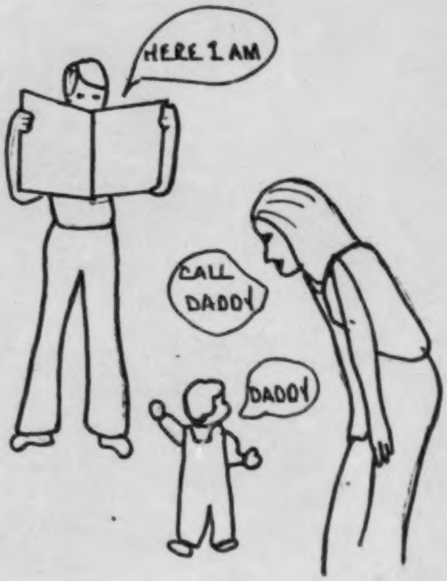
**AIM:** To call for daddy.

**POSITION:** Child on lap facing father.

**MATERIALS:** Cloth to cover father's face and favorite toys.

**ACTIVITY:**

1. Let father sit opposite you and hold a cloth or newspaper in front of his face.
2. Mother should tell child to "Say daddy." When child pronounces the word "daddy" or something close to it, father should uncover his face and call "Here's daddy!" and the child will laugh and become excited.
3. Father should cover his face again and play this game 3 or 4 times. You can vary the game by hiding under the table, in the cupboard, behind the curtain or door. The reward will be even greater if you appear with a different toy each time.



SOURCE: Koch, Jaroslav. Total Baby Development

p 253

1

**Age**: 3-5 months
**Language**: Imitation
Objects to produce noise

CANTALICIAN CENTER FOR LEARNING

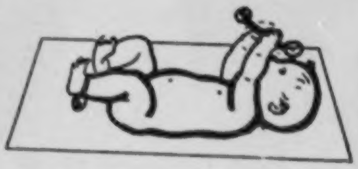
NAME ______________________
DATE ______________________

AIM: The child will use bells or rattles to make a noise.

MATERIALS: Bells on ribbon to tie to child's wrist or ankle, small (palm size) rattles.

POSITION: Child in crib or on rug.
Motorically involved: Child side lying, support sitting, or over a bolster. Tie bells to wrist or andkles if child is unable to hold them. Child must be comfortable to enjoy activity.

ACTIVITY:
1. Place a rattle into the child's hand. Shake arm so that the rattle makes a noise. Show child you are pleased with the noises.
2. Allow child time to shake his arm-if child is having difficulty, continue to guide him through the activity.
3. Tie bells to ribbon and tie the bells to the child's wrists or ankles. Encourage child to wave arms and kick to activate the bells.
4. To stimulate kicking, stroke the child's sole with your forefinger near the heel. You may use cotton, fuzzy material or a feather and touch these to the sole of the foot.



Cantalician Center for Learning
Family-Infant Program

NOTES:

## CANTALICIAN CENTER FOR LEARNING

NAME: ____________

DATE: ____________

AGE: 10 - 12 months

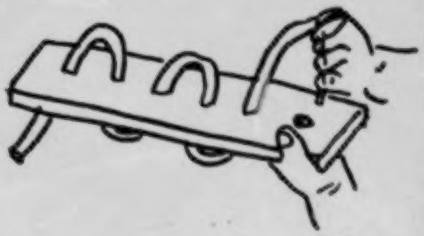
**FINE MOTOR:** Eye Hand Coordination (threading boards)

**AIM:** To thread yarn through a threading board.

**MATERIALS:** Heavy duty yarn or string, long shoelaces, macrame cord.

**ACTIVITY:**

1. Give the child the yarn, shoelace, or macrame cord and have him thread a board into which holes have been made. Guide child's hands, one hand to hold and grasp the yarn, parent hand holding on to the board.
2. As the child learns, guide child to hold the board in one hand and thread with the other.
3. Try using a lightweight board or cardboard. This way the child will be able to work with both hands in completing the activity.



**SOURCE:** Koch, Jaroslav. Total Baby Development.

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## CANTALICIAN CENTER FOR LEARNING

NAME: ____________

DATE: ____________

AGE: 10 - 12 months

**FINE MOTOR:** Eye Hand Coordination (fishing with a net)

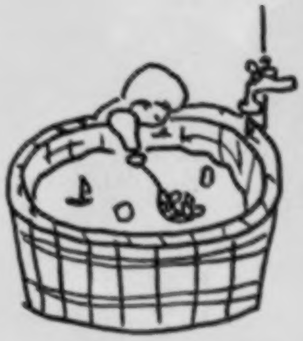
**AIM:** To fish with a net.

**POSITION:** Child in front of pan of water, or a bathtub with water.

**MATERIALS:** Water, small plastic toys that float, aquarium fish net

**ACTIVITY:**

1. Using a net, show child how to fish out various toys. Stand child next to the tub or pan of water and have child fish out toys on his own.
2. Start with a larger net and larger toys and then a smaller sized net and smaller toys.



**SOURCE:** Koch, Jaroslav. Total Baby Development.

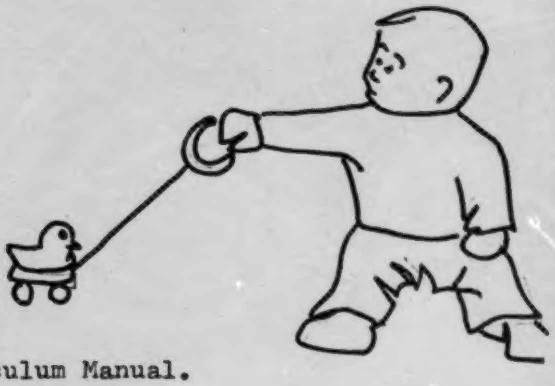
[illegible] CENTER FOR LEARNING **AGE**: 11 months 10

COGNITIVE
planning to achieve a goal

To retrieve object with a pull string

pull toy with a ring on the end of the string

Put ring in child's hand and pull on toy.Encourage child to pull back on string by gesturing and verbalizing.Demonatrate how to get toy,by pulling string yourself. Give child ring again and holding his hand, pull toy toward child.Everytime he pulls toy close to himself let him play with it briefly.



**SOURCE:** Pre-school Special Education Project; Curriculum Manual.
Rochester,N.Y. 14605

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## CANTALICIAN CENTER FOR LEARNING

AGE: 10 - 12 months
GROSS MOTOR: Walking balance-carrying larger, lightweight objects.

NAME ***
DATE

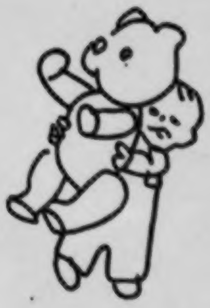
**Aim:** To walk while carrying things.

**Materials:** Favorite large toys, teddy bear, plastic buckets, chair other large objects that are not too heavy for child to carry.

**Position:** Child wlaking

**Activity:**

1. Ask child to bring over or give mommy or daddy his teddy bear, a plastic bucket, or a chair.
2. When he lifts up a larger object he raises and tilts his center of gravity and must assume a different body position than when walking without a load.
3. This exercise will perfect his ability to keep his balance.



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## CANTALICIAN CENTER FOR LEARNING

AGE: 7-9 months

GROSS MOTOR - Crawling
Use of a sling

NAME:
DATE:

**AIM:** To crawl in a sling.

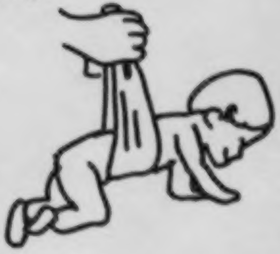
**MATERIALS:** Fold diaper or blanket to make a sling, favorite toys.

**POSITION:** Place child in sling and wrap it around chest with both ends over his back.

**ACTIVITY:**

1. Grasp both ends of the diaper or blanket made into a sling and with the aid of the sling lift the child's chest, about 4 to 6 inches above the floor. This makes it easier for him to draw his legs up to his tummy. Place favorite toy in front of child so that he can crawl toward the toy.
2. In this position, child will kneel on all fours and begin to push off with his hands and feet and crawl toward a toy which you have placed in front of him.

This exercise may not be suitable for children with cerebral palsy.



SOURCE: Koch, Jaroslav. Total Baby Development.

CANTALICIAN CENTER FOR LEARNING
3233 MAIN STREET BUFFALO, NEW YORK 14214
FAMILY-INFANT PROGRAM

## REQUEST FOR OCCUPATIONAL THERAPIST SERVICES

Child's Name ______________________ Sex: _____ M _____ F

Parent's or Guardian's Names: ______________________________

Address ______________________ Phone ______________________

Teacher ______________________

---

REASON FOR REFERRAL

OTHER FACTORS

ate ______________________ ______________________
Signature of Teacher

OCCUPATIONAL THERAPIST SERVICES BY: ______________________________

DATE REFERRAL RECEIVED: ____________________

ACTION TAKEN

COMMENTS

CANTALICIAN CENTER FOR LEARNING
3233 MAIN STREET BUFFALO, NEW YORK 14214
FAMILY-INFANT PROGRAM

## REQUEST FOR SERVICES OF SPEECH PATHOLOGIST

Child's Name ______________________ Sex _____ M _____ F

Parent's or Guardian's Names: ______________________

Address ______________________ Phone __________

Teacher ______________________

---

REASON FOR REFERRAL

OTHER FACTORS

Date ______________________ ______________________
Signature of Teacher

**SPEECH PATHOLOGIST SERVICES BY:** ______________________________

**DATE REFERRAL RECEIVED:** ______________________

**DATE REPORT COMPLETED:** ______________________

**ACTION TAKEN**

**COMMENTS**

# APPENDIX E

## Specialized Family Program

- Intake
- Assessment
- Individualized Family Plan
- Intervention Plan
- Closing Report
- Individual Supervision
- Weekly Data Summary
- Action Plan
- An Overview of the Families We Serve
- Sample Goals and Programs
- A Version of a Supplemental Picture Curriculum

# Cantalician Center For Learning

## Specialized Family Program

### Intake

Date:

Family Name:
Address:

Phone Number:

Children's Names and Ages:

Referred by:

Problem Statement:

Other Agencies Involved:

Cantalician Center For Learning
Specialized Family Program

## Assessment

Client(Family)Name:
Date:

Referral Source:
Staff Name:

I. Family Profile (names, ages, background information):

II. Reason for Referral:

III. Problem Statements (Family perceptions, problems and needs):

IV. Strengths and Assets (Family and staff perceptions for each family member):

V. Family's Support Systems:

VI. Involvement with Other Agencies (Past and Present):

| Agency | Worker's Name and Phone No. | Active/ Inactive | Reason for Involvement |
|---|---|---|---|

VII. Goals the Family has Chosen to Work on:

VIII. Staff Perceptions of Problems and Needs:

## CANTALICIAN CENTER FOR LEARNING

### Specialized Family Program

### Individualized Family Plan

I. Infant/Child Care and Management

II. Home Management (e.g., home making, hygiene, budgeting, etc.)

III. Community Management (e.g., negotiating social service system, school system, etc.)

IV. Intra-Family Relationships

V. Other

Family Signatures

______________________________

______________________________

______________________________

Staff Signatures

______________________________

______________________________

______________________________

[illegible]

[illegible] Family Program

## Intervention Plan

Client(Family)Name:　　　　　　　　　　Beginning Date:

Staff Name:　　　　　　　　　　　　　Review Date:

I. Goal (write in positive terms):

II. Target Behaviors

Family Member　　　　　　　　　**Objective**

1.

2.

3.

4.

III. Task Analysis (Intervention Steps)

IV. Intervention Procedures

| Role of Family Aide | Role of Family Members |
|---|---|

V. Evaluation (How will outcome be evaluated?)

Family Member

1.

2.

3.

4.

## Specialized Family Program

## Closing Report

Client(Family)Name: Date:

Staff Name:

I. Total Number Contacts:

Home Visits; Agency Contacts:

Phone calls with family:

II. List of All Intervention Activities:

III. Status of all I.F.P. Goals (Be specific: gains made, completed or on-going):

IV. Reason for Termination:

V. Recommendations (Include conditions for re-entry into the S.F.P.):

# AN OVERVIEW OF THE FAMILIES WE SERVE

| MOTHER'S HISTORY | FATHER'S HISTORY | CHILDREN: AGE AT REFERRAL/CHARACTERISTICS | REFERRAL INFORMATION |
|---|---|---|---|
| special EMR classes<br>Buffalo | long-term institutionalization in State psychiatric facility (12 years) | 1 year, 6 months<br>born with Spina Bifida, hydrocephalic | 8 active agencies, 5 home-based programs, gross neglect of basic child-care, Child Protection Active Case |
| EMR classes<br>Buffalo<br>single parent (19 years old) | | 2½ years and 7 months<br>younger child born prematurely, developmentally delayed | Family-Infant Program saw need for generalization of stimulation activities to home setting |
| long-term (4 year) institutionalization in State Developmental Center | long-term (5 year) institutionalization in State Developmental Center<br>served 1 year in State prison | 2 years<br>developmentally delayed (mother now pregnant) | active with program for retarded adults, worker saw need for more intensive training, Child Protection Active Case |
| EMR classes<br>Niagara Falls<br>single parent (18 years old) | | 8 months<br>(mother pregnant) | voluntary foster care placement, child returned at age 1 year<br>referred by Niagara Falls Catholic Charities worker |
| long-term (2 year) in State Developmental Center | long-term (4 year) in State Developmental Center | 3 years<br>1½ years | 6 active agencies including Child Protection Services, 5 home-based programs |
| 3 years in State Developmental Center<br>previous marriage: child removed for neglect | 2 years in State Developmental Center<br>1 year in State Psychiatric Center<br>8 months in State prison | 1½ years<br>6 months<br>oldest developmentally delayed | referred to infant program by hospital Social Service Department, 5 active agencies |

| MOTHER'S HISTORY | FATHER'S HISTORY | CHILDREN: AGE AT REFERRAL/CHARACTERISTICS | REFERRAL INFORMATION |
|---|---|---|---|
| 3 short-term hospitalizations for depression, attempted suicide | EMR special class | 4 years old, in preschool program for emotionally disturbed children<br>1½ years old | referred by preschool program, 5 active agencies including Child Protection Services |
| EMR class | no background information known | 2 years, visual impairment, developmentally delayed<br>6 months old | Family-Infant Program saw need for intensive at-home services based on erratic participation |
| 2 year institutionalization in Developmental Center<br>single parent | | 4 months | baby hospitalized for failure to thrive, 5 active agencies including child protection |
| TMR classes | special classes<br>Buffalo | 3 years<br>1 year<br>both developmentally delayed | referred by Child Protection Services, 7 active agencies |
| EMR classes | 3 terms in State and County prisons<br>short-term psychiatric institutionalization | 2½ years<br>1½ years | Child Welfare, children removed involuntarily, returned from foster care, thus prompting referral, 8 active agencies, 5 home-based |
| 2 years in State Psychiatric Hospital | | 2 years<br>9 months<br>both developmentally delayed | Child Protection Agencies, permanent neglect charge dismissed by courts, children returned from foster care |

cmp

# SAMPLE GOALS AND PROGRAMS

## BASIC CHILD CARE

### FAMILY GOALS

- increase regularity of feeding.
- bathe baby regularly.
- increase skill in physical handling of baby.
- change and clean baby regularly.
- feed appropriate diet.
- recognize symptoms of illness.
- distinguish safe and unsafe places/positions for baby.
- keep children clothed appropriately.
- use prescribed medications as directed.
- use corrective shoes as directed.
- keep appointments related to child health.
- secure medical care/check-up when appropriate.
- secure appropriate child care whenever leaving the house.
- eliminate physical dangers to child in home.

### INTERVENTION PROGRAM

- morning routine: including bathing, dressing, feeding baby.
- training and practice in meal preparation and feeding.
- training and practice in making appointments, recording appointment dates and times, planning to keep appointments, keeping the appointment.
- program to eliminate and prevent reinfestation of head lice.
- training and practice in physical handling techniques.
- "child proofing" program for home.

## SAMPLE GOALS AND PROGRAMS

## CHILD EDUCATION/BEHAVIOR MANAGEMENT

| FAMILY GOALS | INTERVENTION PROGRAM |
|---|---|
| e positive approaches to discipline. | - child management training around feeding times, play times, toilet training, etc. |
| crease child compliance to instructions. | - establish play-teach sessions at home. |
| gulate child's eating/sleeping patterns. | - training parents in the essentials of teaching as done at the Infant Program. |
| ilet train. | - toilet training program. |
| lleviate child difficulties associated ith separation from parent(s). | - bed-wetting programs, involving after-supper routine, bed-time routine, morning routine. |
| ncreasing parental consistency in hild-rearing approaches. | - establish parent-child "special treat" times to be used as reinforcers. |
| ncrease/accelerate child's development f crawling/walking. | |
| increase/accelerate child's communication nd language skills. | |
| decrease bed-wetting. | |
| decrease use of physical punishment. | |
| increase child's unrestrained time in which exploratory behavior could occur. | |

## SAMPLE GOALS AND PROGRAMS

### PARENT - PARENT INTERACTION

| FAMILY GOALS | INTERVENTION PROGRAM |
|---|---|
| - increase time spent together.<br>- increase time away from children.<br>- increase number of mutually acceptable activities.<br>- modify or clarify responsibilities.<br>- increase time for each parent to be alone. | - establish whole-family activities.<br>- mutual decision-making programs.<br>- establish times to provide feedback to each other.<br>- assertiveness training program.<br>- negotiation skills training.<br>- "trading-off responsibilities" - programs in reference to money management, child-care activities. etc. |

## SAMPLE GOALS AND PROGRAMS

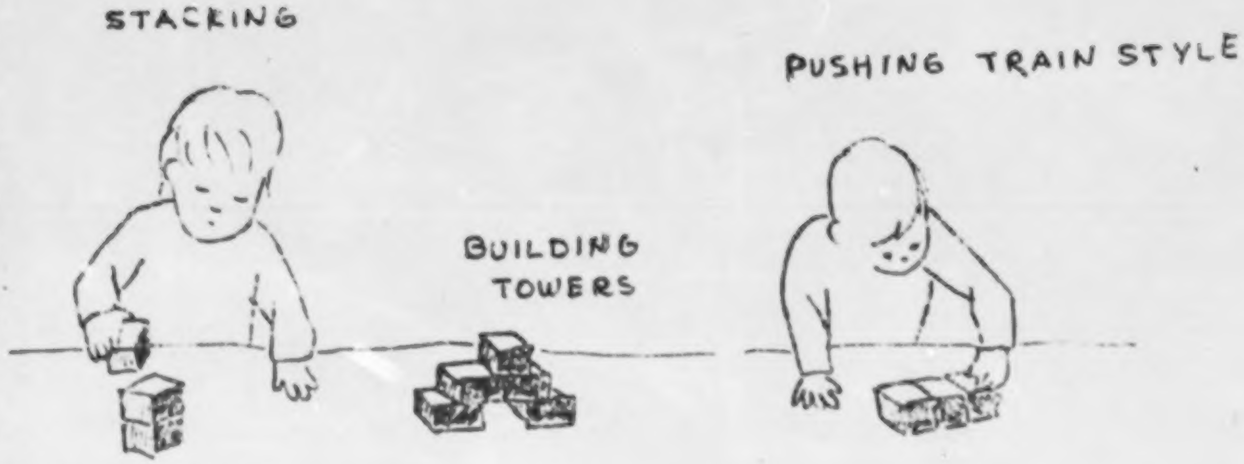
### HOME MANAGEMENT

| FAMILY GOALS | INTERVENTION |
|---|---|
| - budget income more effectively. | - shopping programs. |
| - purchase necessary items in order to follow through with chosen diets, health plans, etc. | - first-of-the-month shopping/bill paying/ savings programs. |
| - increase cleaning skills. | - weekly/monthly cleaning days. |
| - increase regularity of cleaning activities. | - saving for major purchases training. |
| - do the laundry more regularly. | - programs to establish regular performance of household chores. |
| - purchase various appliances (e.g., washer, dryer, etc.). | |

## SAMPLE GOALS AND PROGRAMS

## COMMUNITY MANAGEMENT

| FAMILY GOALS | INTERVENTION PROGRAM |
|---|---|
| - receive full benefits from Welfare Department or other social services. | - case-management programs. |
| - decrease number of persons coming into the home as caseworkers. | - involvement of family in case planning. |
| - have child protection case closed. | - preparation for child's return. |
| - increase knowledge of community resources. | |
| - enter children in appropriate pre-school and school programs. | |
| - have child returned from voluntary foster care placements. | |


STACKING
BUILDING TOWERS
PUSHING TRAIN STYLE

| | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / | / |
| 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
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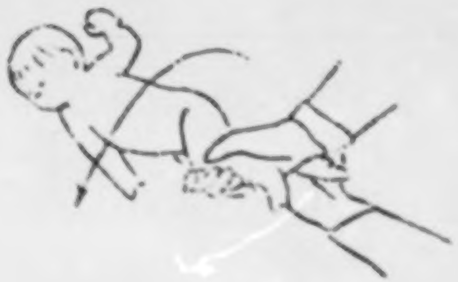
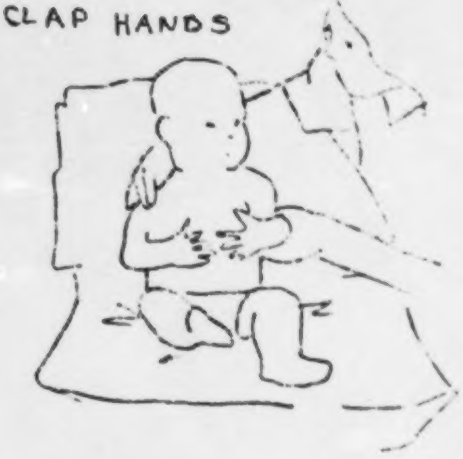
X= accomplished /= not accomplished

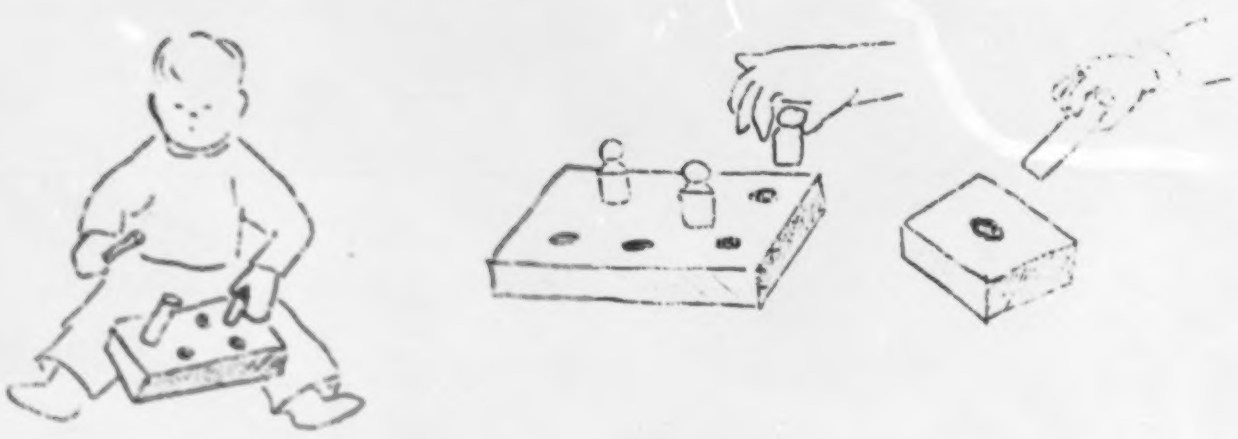
NOTES:



Leg cross over
FOR ROLLING

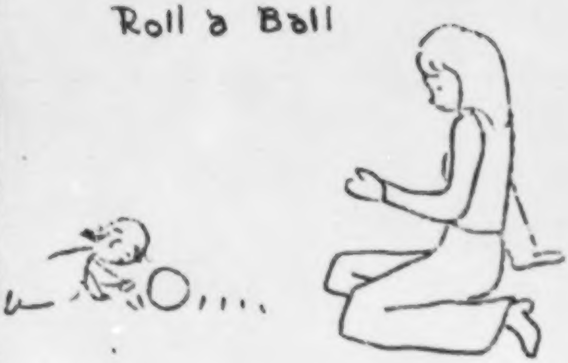


PLAY PAT-A-CAKE
CLAP HANDS

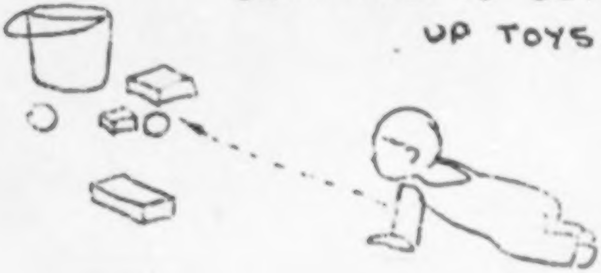


Large peg and pegboard

Roll a Ball

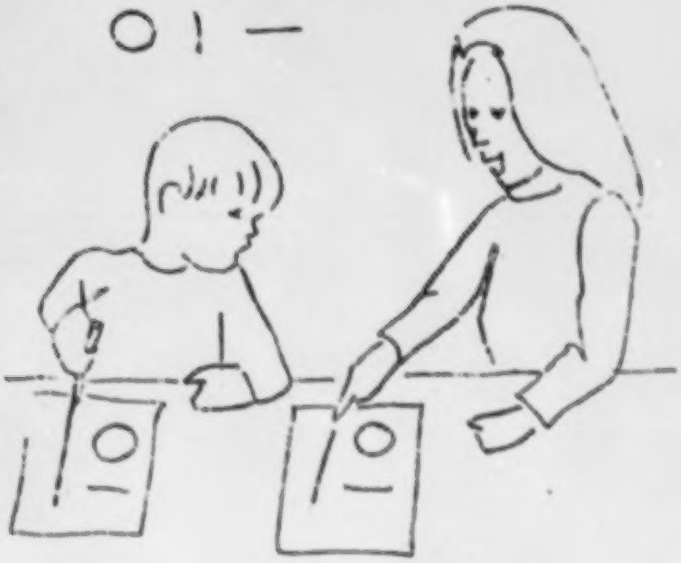


CRAWLING TO GET UP TOYS.

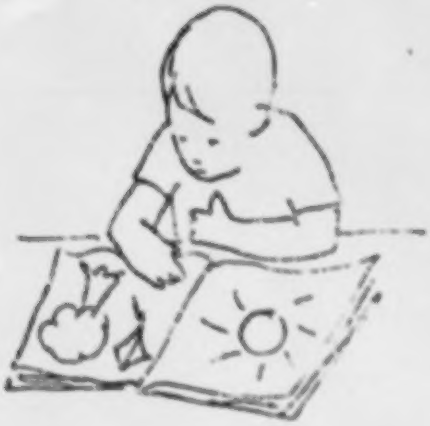


IMITATE DRAWING

○ | —

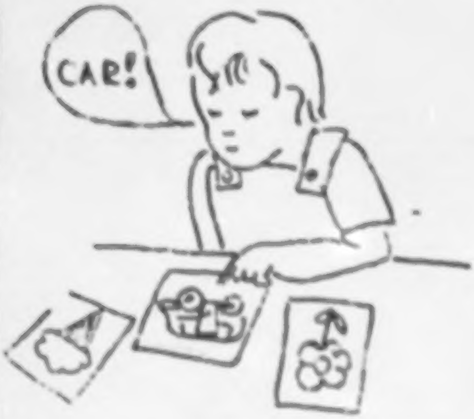


LOOKING AT PICTURE BOOKS

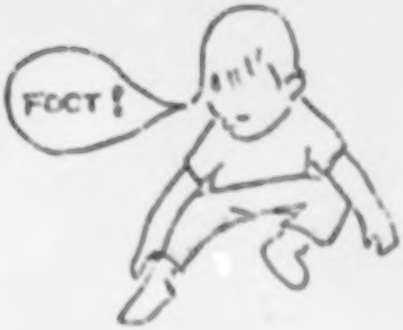


## LANGUAGE

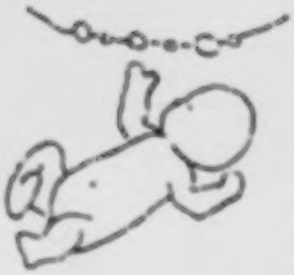
POINTING TO PICTURES
NAMING PICTURES

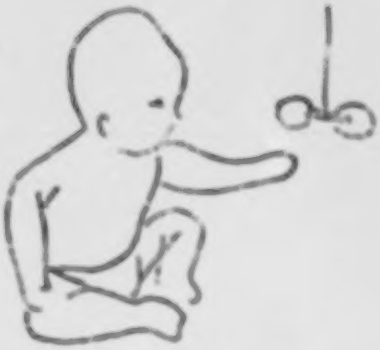


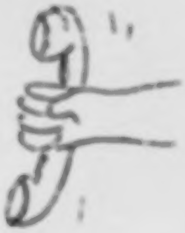
POINTING TO BODY PARTS
NAMING BODY PARTS

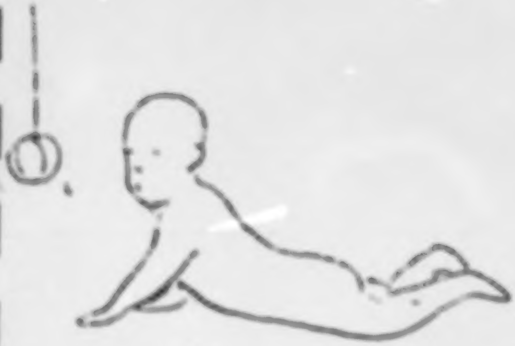


# REACH AND GRASP OBJECTS

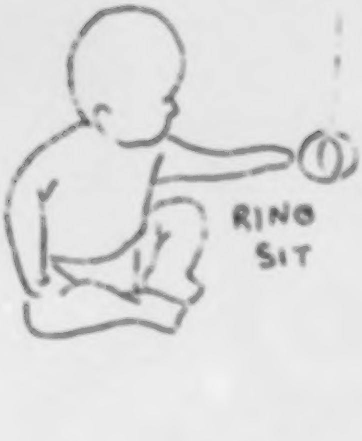






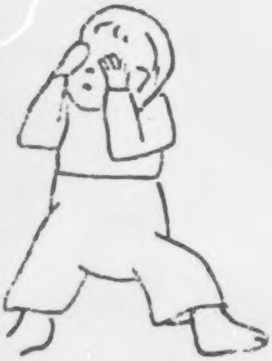


ON
FOREARMS

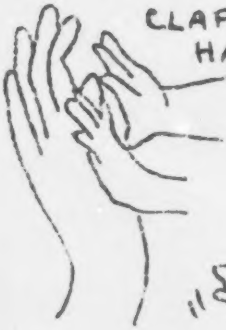


RING
SIT

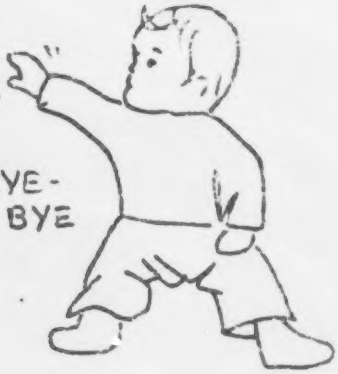
MITATE



peek a boo

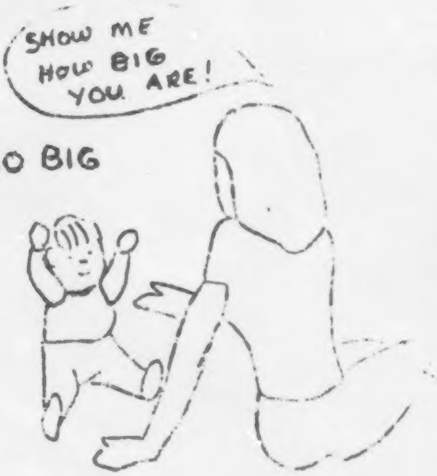


CLAP HANDS



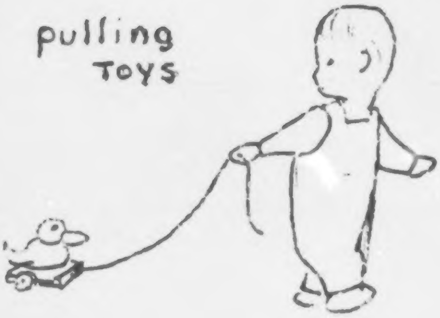
BYE-BYE

SO BIG

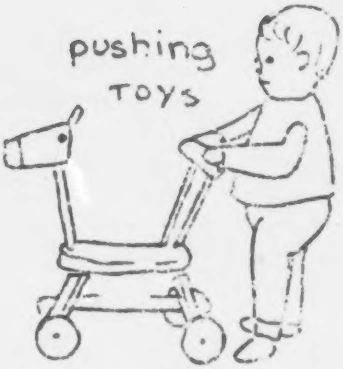

SHOW ME HOW BIG YOU ARE!

WALKING-

pulling TOYS



pushing TOYS



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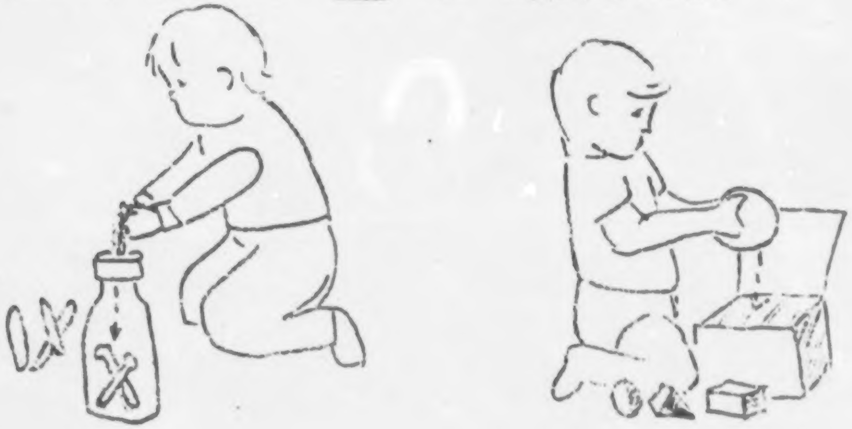
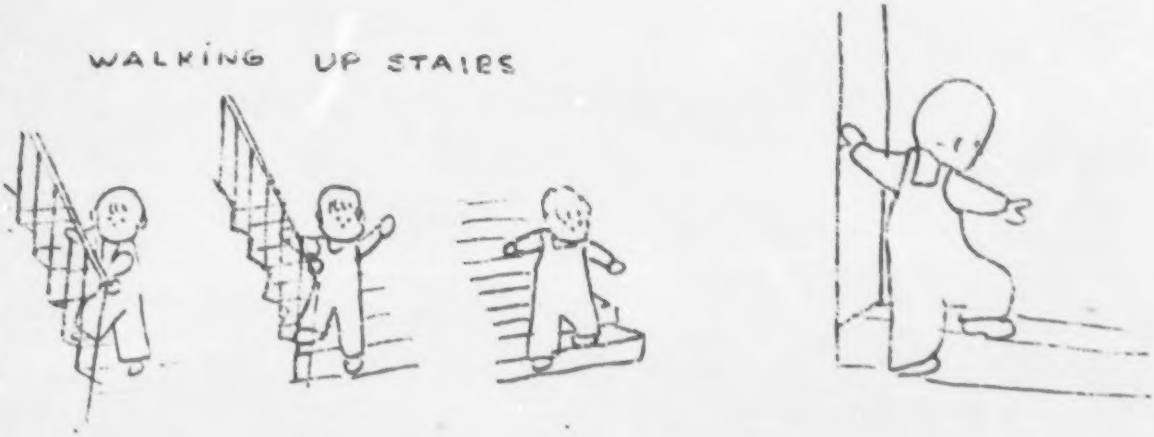


WALKING UP STAIRS



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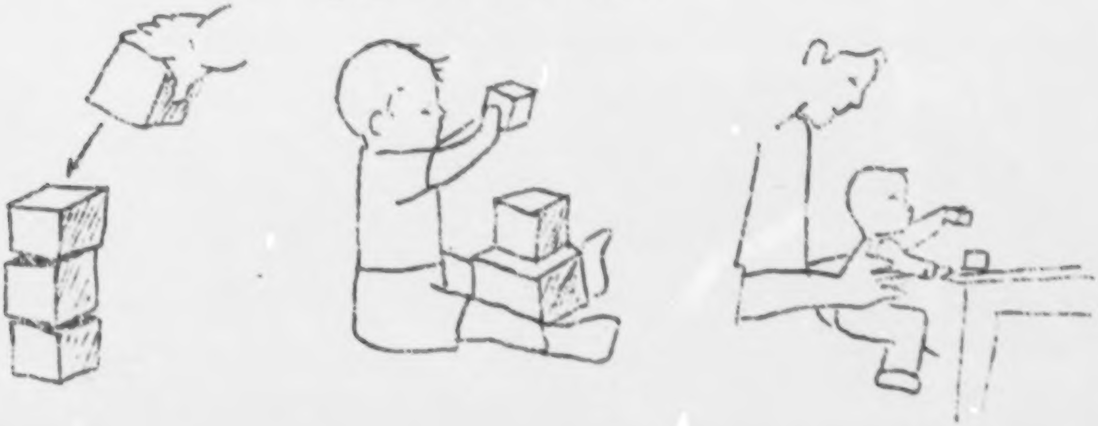
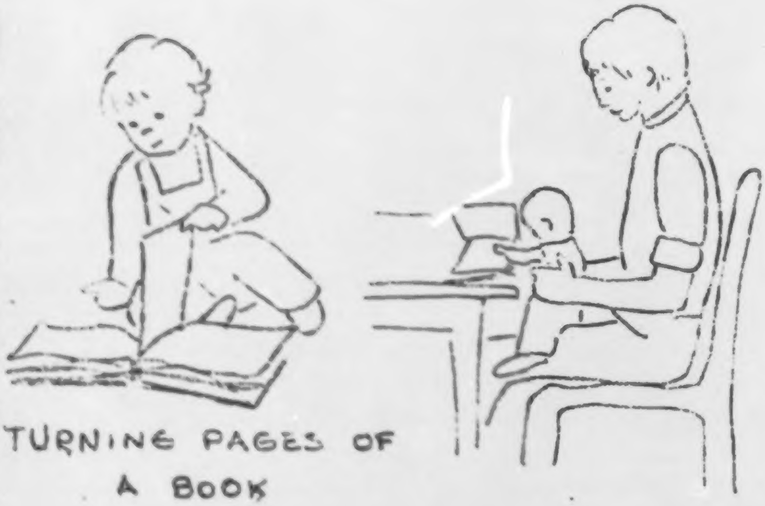
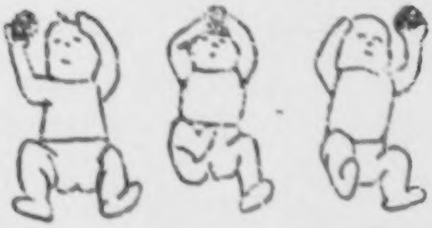


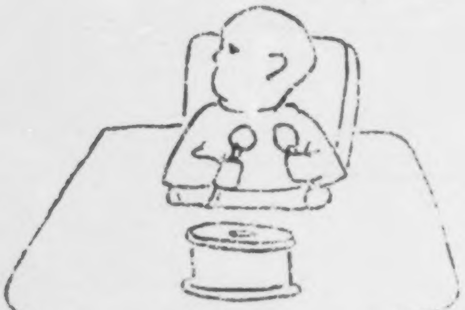


TURNING PAGES OF A BOOK

TRANSFER OBJECTS FROM ONE HAND TO OTHER



BANG OBJECTS TOGETHER



# APPENDIX F

## Community Satellite Programs

- Registration Form
- Mutual Goal Planning (IEP)
- Record of Goals
- Progress Report
- Family Referral Form
- Sample - Learning Activities Form for Family Members Satellite Program
- Needs Survey

CANTALICIAN CENTER FOR LEARNING
3233 MAIN STREET
BUFFALO, NEW YORK 14214
FAMILY-INFANT PROGRAM

OUTREACH: Family-Infant Learning Center
LOCATION:
___West Side Health Center

## REGISTRATION

Name: ________ Birthdate: ________ Date: ________

Address: ________ Phone: ________

| Family | Father | Mother | Children | | | | | |
|---|---|---|---|---|---|---|---|---|
| Name | | | | | | | | |
| Birthdate | | | | | | | | |

Pediatrician(source of Health Care): ________

Source of Referral: ________

Purpose of Referral: ________

Initial Contact:

1.Needs Survey Complete(date): ________

2.Pre/Post Test Plan:

Child: ____Formal(Standardized Test).Specify: ________
____Informal(Progress Notes)

Family: ___Formal(Questionnaire).Specify: ________
____Informal(Progress Notes)

3.Mutual Goal Planning:IEP Initiated(date): ________

4.Record of Goals Initiated(date): ________

5.Curriculum Plan: ____Written(Learning Activities for Families and Infants at Home)
____Unwritten(Demonstration/Discussion:Recorded in Progress Notes)

6.Plan for Frequency of Contact:

| Initial: | Date | Frequency | Reason |
|---|---|---|---|
| | | | |
| Ongoing: | Date | Frequency | Reason for Change |
| | | | |
| | | | |
| | | | |
| | | | |

Services Closed:

Reason: ________ Date: ________

CANTALICIAN CENTER FOR LEARNING
3233 MAIN STREET BUFFALO, NEW YORK 14214
FAMILY-INFANT PROGRAM

OUTREACH: Family-Infant Learning Center
LOCATION:
___ West Side Health Center

## MUTUAL GOAL PLANNING (IEP)

Child's Name: ______________________________ Page No. _____

---

Area of Development:

Looking to the Future (Long Range Goal):

What we can do Now (Short Range Goal):

1.

2.

3.

Things We may use to help reach goals (materials):

Parent Signature ______________________ Date __________
Teacher: ______________________ Date __________

---

Area of Development:

Looking to the Future (Long Range Goals):

What we can do Now (Short Range Goals):

1.

2.

3.

Things we may use to help reach goals (materials):

Parent Signature ______________________ Date __________
Teacher ______________________ Date __________

CANTALICIAN CENTER FOR LEARNING
3233 MAIN STREET BUFFALO, NEW YORK 14214
FAMILY-INFANT PROGRAM

OUTREACH: Family-Infant Learning Center
LOCATION:

___ West Side Health Center

## RECORD OF GOALS

Child's Name:

Teacher;

| Specific Goal | Date Initiated | Date Completed | Category | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | Child | | | | | | Parent | Other |
| | | | Self-Help | Fine Motor | Gross Motor | Language | Cognitive | Social-Emotional | Education/Intervention | Referral to Appropriate Agency |
| | | | | | | | | | | |
| | | | | | | | | | | |
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Cantalician Center for Learning
3233 Main Street  Buffalo, New York 14214
FAMILY-INFANT PROGRAM

Outreach: Family-Infant Learning Center
Location:
___ West Side Health Center

PROGRESS REPORT

Page No.

Child's Name:

| Related to Goal(s) | Date | | Pertinent Aspects of<br>1. Child's development, behavior, health.<br>2. Child-Family Relations |
|---|---|---|---|
| | | | |

West Side Health Center
Children's Hospital of Buffalo:Pediatric Clinic
Maryland and 7th Street
Buffalo, New York 14201

## REFERRAL TO FAMILY-INFANT LEARNING CENTER

Cantalician Center for Learning Outreach Buffalo, New York 14214

Completed by West Side Health Center

Date of Referral: ______________________ From: ______________________

Child's Name: ______________________ Address: ______________________ Phone: __________

Birthdate: ______________________ Chart Number: ______________________

Parent(s): ______________________________________________

Reason for Referral:

Recommend: _____ Clinic Visit _____ Home Visit _____ No Preference

Needs Translator: _____ YES _____ NO Language: ______________

Referred By: ______________________________________________

Com[illegible]d [illegible]am[illegible]nf[illegible]Lea[illegible]g C[illegible]r

Family-Infant Learning Center Report By: ______________________

Date Referral Received: ______________

Action Taken:

Return to: ______________________________________________

CANTALICIAN CENTER FOR LEARNING
3233 MAIN STREET BUFFALO, NEW YORK 14214
FAMILY-INFANT PROGRAM

Outreach: Family-Infant Learning Center
Location:
___ West Side Health Center

## LEARNING ACTIVITIES FOR FAMILIES AND INFANTS AT HOME

TO: FOR: AGE:

You are your child's most important teacher! By watching you, listening to you, and sharing in what you do during the day -- your child learns. Your child learns when he or she is with you, and when alone -- Both are important for a growing child. Here are some things that your child might like to do:

WHEN YOU ARE WITH YOUR CHILD:

WHEN YOUR CHILD IS PLAYING ALONE:

Play is a child's way of learning about the world. Some toys and things around the house that might be fun for your child:

WHEN YOUR CHILD IS WITH YOU:

WHEN YOUR CHILD IS PLAYING ALONE:

Teacher: Date:

CANTALICIAN CENTER FOR LEARNING
3233 MAIN STREET BUFFALO, NEW YORK 14214
FAMILY-INFANT PROGRAM

OUTREACH: Family-Infant Learning Center
LOCATION:
___ West Side Health Center

## NEEDS SURVEY

Hello!

We are interested in you and your child -- how your child is developing and how things are going for you as a parent. We are here at this Center to be of help to you when there is anything special you need.

The Center has these services. Would you please check off what you are interested in?

_____ Talking together about child development.
_____ Observation of your child's development.
_____ Formal testing of your child's development.
_____ Planning activities that encourage your child's development.
_____ Toys and things around the house that children like to play with and learn from.
_____ Discipline and "setting limits" -- what children understand from it.
_____ Language -- what children understand, what children say.
_____ How little children get along with their big brothers and sisters.
_____ How children learn from their parents.
_____ Sharing ideas, talking about being a parent.
_____ Looking for help from other places (children's services, child care, health care, counseling.)

Please write down some things that you are interested in -- about your child's development, about yourself as a parent:

Thank you!

Your name: ______________________ Date: ______________

# APPENDIX G

## Program Development

- Home Visit Policy
- Procedures for Children Moving from the Infant Program to the Toddler/Preschool Program
- Cooperative Toddler/Preschool Program Guidelines
- Leaving the Program
- Job Descriptions
- Community Coordinator Report

## FAMILY-INFANT PROGRAM

## Home Visit Policy

### I. Prior to enrollment

Families who have completed the initial interview are visited once monthly. More frequent contact is made in circumstances where more intervention is required. These circumstances may include:

1. Neglect and abuse situations (agency involved is contacted to coordinate efforts).

2. Family crisis.

When above circumstances exist, each family situation is discussed at weekly team leader meetings with the Community Coordinator to determine:

1. (Degree of) current involvement with other agencies.

2. Necessity of referrals to other community agencies.

3. Frequency of Cantalician Center's contact (home visitation and telephone contact).

### II. During enrollment

Parents of infants with medically disabling conditions which make program attendance impossible over a prolonged period (1 month) will be visited at home. A disabling condition may include:

1. Physical/mental impairment restricts movement.

2. Family crisis.

When above circumstances exist, each family will be discussed at weekly team meetings to determine:

1. Extent of disability (as related to attendance at the Center Program).

2. Frequency of home visitation.

If it is the parent who is disabled, another adult should be present during the session.

Content of the home visit:

1. When one-time visit: maintain contact and provide support.

2. When ongoing contact: assessment - IEP - curriculum is carried out.

# PROCEDURES FOR CHILDREN MOVING FROM THE INFANT PROGRAM TO THE TODDLER/PRESCHOOL PROGRAM

1. a) Mutual agreement of parents and infant teacher to the child's readiness for the Toddler/Preschool Program.

   b) The Toddler/Preschool teachers will review with the parents the policy of the Toddler/Preschool Program.

2. Observation and active participation in a pre-scheduled session.

3. The parents and all teachers involved will make the final decision on the child's readiness.

4. The infant teacher will review, with the parent and toddler/preschool teachers, the IEP goals. At this time, a conference will be scheduled to write the child's new IEP.

5. Busing arrangements and time changes will be made by the infant teacher to the secretary.

6. The infant teacher will accompany the family to the Toddler/Preschool for the initial session.

# COOPERATIVE TODDLER/PRESCHOOL PROGRAM
# GUIDELINES

The Cooperative Toddler/Preschool Program at the Cantalician Center for Learning has come about because of a definite need to serve children who are developmentally "in between" the infant program and the already existing traditional preschool programs. These are children from the minimal ages of 18-24 months who display developmental delay, physical and/or mental handicaps. Special provisions in the program allow non-ambulatory children to remain up to the approximate age of five years. Others will have the option of gradually being assimilated into the other preschool programs as soon as they are considered ready.

Strong aspects of the Cooperative Toddler/Preschool Program include quality family involvement, an individualized curriculum for each child, and the following related services; Occupational Therapy, Speech Pathology, Audiology, Guest Nursery Program for siblings and a Toy/Book Lending Library.

The program philosophy is based on the belief that parents are the primary and most important teachers of their children. Early stimulation and the facilitation of early learning are viewed as the most effective means of encouraging optimal development in all areas of a child's life. This can be best accomplished through the mutual, cooperative efforts of families, teachers and specialists. Therefore, family involvement is considered crucial for an individual child's developmental potential to begin to unfold significantly.

It is also held that a balance between structured and unstructured activities and between group-oriented and individually-oriented activities in the classroom sessions themselves, will work to the children's best developmental advantage.

In view of this, the two main objectives of the program are that: 1) each child will show visible, positive growth in basic developmental areas and, (2) each family will become even more effective facilitators of their child's overall development as an individual

Below are guidelines for attendance and family involvement. It should be noted that while in special circumstances the guidelines may be altered somewhat, every effort will be made to insure they are followed.

A) Family Involvement - Minimum of one session a week.
   - Cooperative participation in actively teaching your child or other children.
   - To be scheduled at a specific time.

B) Child Schedule - One of three options
   - Morning session 9 am to 12 noon
   - Afternoon session 12 noon to 2 pm.
   - All day session 9 am to 2 pm.

The all day session includes a special feeding program with the assistance of a qualified occupational therapist from 11 to 11:30 am. Children in need of such a program who are attending the morning session may take advantage of this till 11:30. Note that since it is not possible to be included in a feeding program during the afternoon session children must be fed at home before the afternoon session begins.

C) Attendance

It is important for the sake of all the children that the sessions run smoothly without unnecessary interruptions or delays. It is to your benefit to be on time and to come when you and your child are scheduled. Since this is a cooperative program, when you are scheduled to participate but cannot attend, it will be your responsibility to find a substitute from a list of the other families.

If your child must miss a session please call the school and/or the bus company.

D) Sickness - See attached sheet

E) Siblings

Use of our high-quality Guest Nursery is advised for the brothers and sisters of program children during session times. Only those siblings who are walking are eligible unless accompanied by a family member.

F) Essentials

Each family will be expected to bring in one box of Kleenex, a roll of paper towels and one box of small plastic trash bags initially. They may be asked to do so again periodically, when the need arises.

Also, each child should have an extra pair of clothes, a smock and an extra supply of diapers to be kept in school.

For children in the feeding program, a good sized bib will be needed. Plastic is preferable as it can be easily cleaned at school. If this is not possible, cloth bibs will be sent home to be cleaned and returned for each new session. Parents of "lunch children" will be asked to send in specific foods (which will be prepared in the classroom).

## SICKNESS AND EMERGENCIES

### Things To Do

Phone Bus Company at:
McCourt - 827-8291
Kaufman - 833-2617
McDonald - 837-9727

Phone school if child is sick at: 833-5353

Listen to radio announcements of school closings due to weather. If Buffalo Public Schools are closed, we are closed.

Call weather emergency number: VIP-1650

### Things To Remember

Sessions can be made up if you, the parent, would like. However, it is not a requirement that a session be made up if you do not feel it is necessary.

### Sickness

When is a child too sick or contagious and should not be brought to the program. In order to protect your child and the other children, we have set up some guidelines on illnesses

Keep a Child at Home if he/she has:

1. Fever - Rectal temperature of 101 F or more; oral temperature of 100 F or more.
2. Conjunctivitis - An eye infection commonly referred to as "pink eye". The eye is generally red with some burning and has thick, yellow secretian.
3. Bronchitis - This can begin with hoarseness, cough and slight elevation in temperature.
4. Rashes that you cannot identify or that have not been diagnosed by a physician as non-contagious
5. Cold with much sneezing and nose drainage
6. Vomiting - More than usual "spitting up"
7. Diarrhea - watery or greenish bowel movements that look different and are more frequent than usual
8. If a child seems really sick without obvious symptoms. In this case, a child may look and act different. There may be unusual paleness irritability, tiredness.

DRAFT - Dec 3, 1978

## POLICY: Leaving the Program

Leaving the Family-Infant Program is the prerogative of all of all participating families, and the decision to exit may be arrived at unilaterally, or it may evolve through joint discussion with staff members. In any event, leaving involves a number of responsibilities and activities that require time. The program should be informed of a family's intention to leave at least two weeks prior to its intended departure.

### Responsibility:

A. It is the family's responsibility to inform the Assistant Director of its intended departure.

I. It shall be the Assistant Director's responsibility to oversee and coordinate the process of leaving.

II. To be completed

a) Data

1. All post tests completed (infant and family).
2. Family satisfaction questionnaire completed.

b) Documents

1. IEP updated
2. Long term plan completed
3. Follow-up form completed

III. Procedures

a) The Assistant Director shall see that schedules for completing II above are established and carried out.

b) The family shall meet with their assigned teacher

  1. The infant's progress over the program will will be reviewed, the updated IEP will be discussed and the long term plan examined
  2. Copies of the updated IEP and the long term plan will be given to the family.
  3. The follow-up form will be completed

c) The family will meet with the Executive Director of the Cantalician Center for Learning

  1. The infant's program will be reviewed and the family's satisfaction will be discussed.
  2. Final arrangements for the necessary records following the family will be made.
  3. The Center's desire to maintain contact and its availability for help will be highlighted.

June 1, 1978

## FAMILY-INFANT PROGRAM

### SECRETARY

A. Handle messages to staff and families.

B. Make appointments and arrange scheduling of:

1) families
2) visitors
3) testing

C. Respond to telephone inquiries.

D. Mail flyers.

E. Type curriculum,check-lists.

F. Request reports and type same.

G. Coordinate requests for project progress reports.

H. Duplicate all needed project items.

I. Type developmental reports.

J. Arrange transportation of families.

K. Function as librarian for parent resources and videotapes.

L. Request and distribute resources and periodicals required by staff.

M. Preparation of all forms utilized by program.

N. Preparation of brochures.

O. Requests for outside evaluation reports.

P. Orienting and welcoming all visitors.

June 1, 1978

## FAMILY-INFANT PROGRAM

### ASSISTANT DIRECTOR

A. Implement, coordinate, and maintain general program.

B. Be responsible for the regular provision of appropriate equipment, materials and supplies to the educational staff.

C. Assist with staff relationships and parent relationships to insure rapport, support, and professionality.

D. Solicit staff and parent dialogue on a regular basis regarding the program's philosophy, goals, policies, etc.

E. Arrange and coordinate schedules (and transportation) of infants, parents, visitors, testing, meetings, etc.

F. Coordinate and supervise the development of the satellite programs.

G. Insure that all pre, post, and intervening evaluations are administered to each infant and attending family members.

H. Supervise the maintenance of children's test files, progress reports, information regarding infant and family behavior changes, and parent education efforts.

I. Schedule informal conferences with families and inform them of program services and procedures. Secure parent input into total program.

J. Meet with program visitors to discuss and present the program and program services.

K. Arrange monthly meetings with all directive, coordinating, and consulting staff.

L. Assist director and internal evaluator in the production of the written project replication.

M. Assist in the dissemination of information regarding the program.

June 1, 1978

# FAMILY-INFANT PROGRAM

## CURRICULUM COORDINATOR

A. Coordinate, maintain, and provide written description of the individual and group instructional program for participating infants.

B. Assist in the testing of children, the development of curriculum and the utilization of stimulation activities by families.

C. Supervise the maintenance of an appropriate educational environment in the infant program.

D. Intiate and coordinate the regular and special efforts by project teaching personnel through regular involvement and recommendations in the core and satellite programs.

E. Be involved with meetings and participating families so both assess the infant's progress and curriculum and to coordinate infant and parent efforts.

F. Provide assistance to project staff regarding curriculum, teaching techniques, additional resources, aspects of family training, and innovative techniques employed by similar projects.

G. Assist in monitoring the assessment of progress of the project participants by maintenance of up-to-date accurate records.

June 1, 1978

## FAMILY-INFANT PROGRAM

### INFANT TEACHER

A. Working cooperatively with curriculum coordinator, design and implement the instructional program including individual curriculum for infants and for parent-infant interaction.

B. Conduct infant assessment at intake and at four month intervals including written reports of findings.

C. Provide written statements of children's progress and changes in parent behaviors and attitudes at two month intervals.

D. Maintain an appropriate educational and socio-emotional environment which supports optimal infant development.

E. Establish and maintain effective professional relationships with individual infants and families which reflect a friendly and supportive atmosphere and training approach.

F. Prepare and use curriculum, stimulation techniques, and other educational principles for program's immediate use, for program replication, and for demonstration purposes in community satellite program.

G. Demonstrate infant teaching techniques to family members and consult daily with them regarding these.

H. Manage the equipment and room so that the educational program proceeds smoothly and safely.

I. Discuss and report parents' and infants' sucess and difficulties to the parent educator.

J. Train and supervise infant trainers.

K. Supervise any and all volunteers or assistants who work directly with infants.

L. Continue to pursue and improve professional reading and training.

June 1, 1978

## FAMILY-INFANT PROGRAM

### INFANT TRAINER

A. Working cooperatively with curriculum coordinator and infant teachers, implement the instructional program with infants and parents.

B. Assist in developing and reproductive individual curriculum.

C. Maintain records of individual childrens' and families' progress and curriculum modifications.

D. Demonstrate techniques to family, at satellite programs, and on home visits.

E. Establish and maintain friendly and supportive relationships with individual infants and families.

F. Develop curriculum activities and innovations and construct "teacher-made" materials where needed.

G. Assist in maintaining an appropriate educational and socio-emotional environment.

H. Working cooperatively with the teachers, manage the equipment and room so that the educational program proceeds smoothly and safely.

I. Continue to pursue and improve professional reading and training.

J. Infant assessment given at three (3) month intervals.

June 1, 1978

# FAMILY-INFANT PROGRAM

## PARENT EDUCATOR

A. Design, implement, and conduct the family education component of the program.

B. Assist in the initial in-service staff preparation by training teachers to administer the infant assessment measures.

C. Provide descriptions of parent education activities to be included in program's written replication.

D. Provide reports of parent's development and behavior which reflect progress towards program goals.

E. Assist in the revision of evaluation instruments which focus upon parent attitudes and behaviors.

F. Conduct family group meetings once a week and individual family meetings, when needed, concerning the special needs of their infant.

G. Makes referrals to and works with the Clinical Counselor regarding serious family situations which affect individual infant's development.

H. Maintain a dialogue with the Assistant and Curriculum Coordinator to insure that there is consistency and continuity between parent education efforts and the infant and parent-infant components of the program.

June 1, 1978

## FAMILY-INFANT PROGRAM

### INTERNAL EVALUATOR

A. Provide ongoing examination and clarification of all data collection procedures and records.

B. Regularly collect and report on all aspects of the functioning program with a view towards maintaining consistency with program goals.

C. Function as a resource to staff on early education, curriculum development and training.

D. Document the functioning and development of the program model, including descriptions and changes.

E. Coordinate the revision of all program measures, forms, checklists, and curriculum.

F. Assist with special projects within the program which increase its effectiveness and visibility.

June 1, 1978

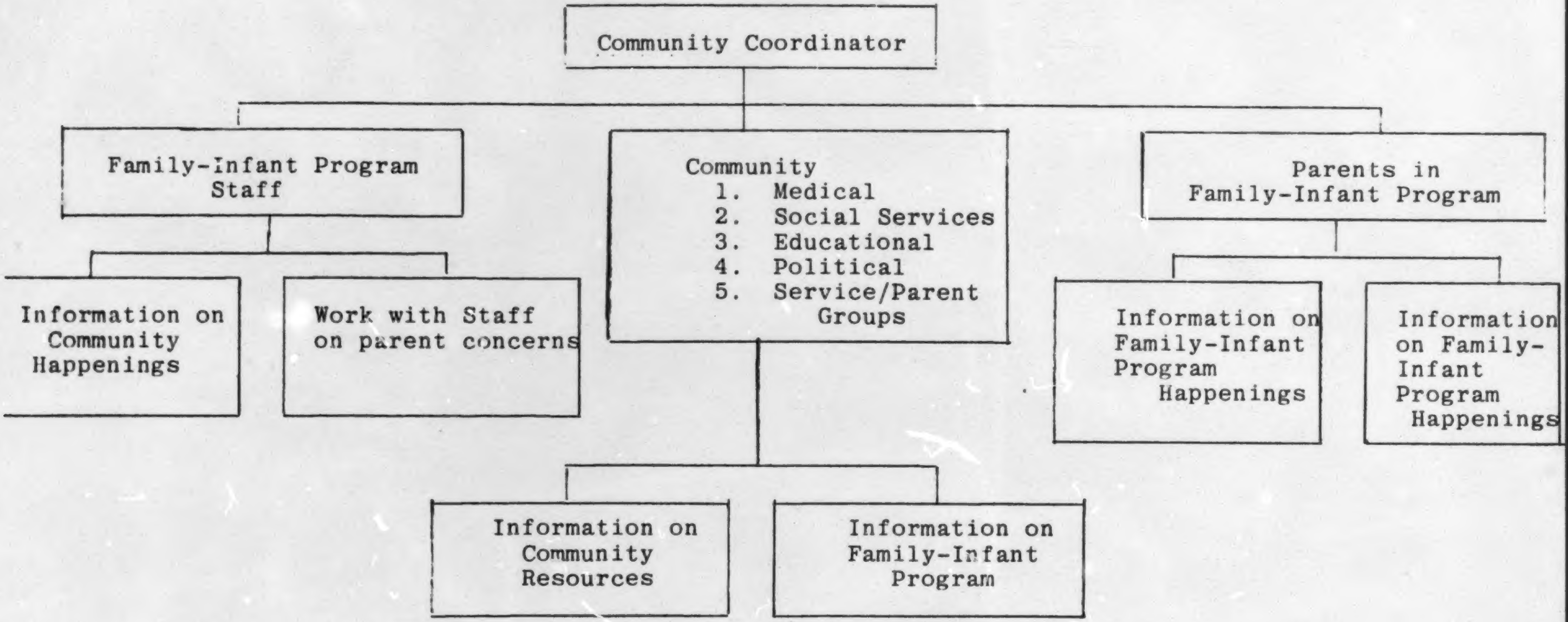
## FAMILY-INFANT PROGRAM

### COMMUNITY COORDINATOR

The Community Coordinator is a liaison person providing information and establishing communication with the Family-Infant Program staff, community persons and parents.

1. The Family-Infant Program staff includes all persons involved with the program.
    a. The Community Coordinator provides information for staff members concerning community programs and events.
    b. The Community Coordinator works with the staff members concerning parent needs.
2. The Community includes the medical, social services, educational, political, service and parent organizations existing in the general area.
    a. The Community Coordinator gathers information on community resources.
    b. The Community Coordinator establishes communication with key persons in the community and community groups.
    c. The Community Coordinator provides community groups and/or persons with information concerning the Family-Infant Program.
3. Parents presently enrolled in the Family-Infant Program or parents who at one time were active in the Family-Infant Program are considered Family-Infant Program parents.
    a. The Community Coordinator provides parents with information on events and occurrences in the Family-Infant Program.
    b. The Community Coordinator provides parents with information concerning community resources and programs.
    c. The Community Coordinator works with parents in establishing communication with community persons involved with the various programs and services.

## Job Description


Community Coordinator
Family-Infant Program Staff
Community
1. Medical
2. Social Services
3. Educational
4. Political
5. Service/Parent Groups
Parents in Family-Infant Program
Information on Community Happenings
Work with Staff on parent concerns
Information on Family-Infant Program Happenings
Information on Family-Infant Program Happenings
Information on Community Resources
Information on Family-Infant Program

### CANTALICIAN CENTER FOR LEARNING
3233 MAIN STREET BUFFALO, NEW YORK 14214
### FAMILY-INFANT PROGRAM

ommunity Coordinator ______________________________

eport for the week of ________________ Report Number ___________

umber of Hours ________ Evening Hours ________ Total Hours ________

**OURS SPENT**

| | | | |
|---|---|---|---|
| VISITING PARENTS | ______ | Satellite(s) | ______ |
| HONING PARENTS | ______ | Travel | ______ |
| ENTER PROGRAM CLASSROOMS | ______ | Special Assignment | |
| ARENT MEETINGS | ______ | Preparing Reports | ______ |
| GENCY VISITS | ______ | Other | ______ |
| RESENTATIONS (P.R.) | ______ | | |
| ENTRAL OFFICE | ______ | Total | ______ |

lue Sheet Referrals Received this week __________ To Date __________

### PARENT COMMUNICATION TYPE AND PURPOSE

| UMBER OF HOME VISITS | | | NUMBER OF PHONE CALLS | |
|---|---|---|---|---|
| THIS WEEK | TO DATE | | THIS WEEK | TO DATE |
| ______ | ______ | Invite to Meeting | ______ | ______ |
| ______ | ______ | Child Absence | ______ | ______ |
| ______ | ______ | Schedule P.T. Conference | ______ | ______ |
| ______ | ______ | Health Services | ______ | ______ |
| ______ | ______ | Provide Curriculum Materials | ______ | ______ |
| ______ | ______ | Family Emergency | ______ | ______ |
| ______ | ______ | Thanking Parent | ______ | ______ |
| ______ | ______ | Arrange Agency Visit | ______ | ______ |